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LECTURES
ON
MEDICAL JURISPRUDENCE,
NOW IN COURSE OF DELIVERY
AT THE
UNIVERSITY OF LONDON.

BY PROFESSOR A. T. THOMSON.

LECTURE V.

Evidence under Writs "De Lunatico Inquirendo," before the Houses of Lords and Commons, and the Ecclesiastical Courts.—The Coroner's Court.—Its History and Objects.—Qualifications, Election, Duties, and Powers of Coroners, and Duties of Juries at Inquests.—The View of Bodies.—Disinterment of a Body.—On Allegations.—Of want of Evidence respecting the Death.

GENTLEMEN:—I have already mentioned that the Court of Chancery has cognizance of all idiots and lunatics. The king himself used formerly to commit the custody of such persons to proper committees, in every particular case; but now, to avoid solicitations, and the very shadow of undue partiality, a warrant is issued by the king, under his royal sign-manual, to the lord chancellor, or keeper of his seal, to perform this office for him; and, if the chancellor acts improperly in granting such custodies, the complaint must be made to the king himself in council. But the chancellor can assume no authority in such cases until a proper enquiry, by commission, has determined whether or not the party be an idiot or a lunatic. This enquiry is connected with the *law* side of the Court of Chancery, and is instituted by the lord chancellor to ascertain the condition of the mind of the party. The object of such commissions is to prevent the unfortunate individuals, who are the subjects of them, from being oppressed or defrauded by their relations, or by others. The justice and expediency of such enquiries are undeniable; therefore, whenever property is at stake, a commission for enquiry may be obtained upon petition preferred to the lord chancellor for that purpose, who, if he be satisfied, will grant a writ *de lunatico inquirendo*. This writ, however, will not be granted, whether the petition be preferred by relations or others, or whether by information of the attorney-general, unless it be accompanied by affidavits, setting forth the unsoundness of mind of the person against whom the commission is desired, and giving instances in proof of the alleged insanity. But a commission of lunacy, in a proper case, will be granted on the application even of a stranger. The writ is directed to five commissioners, selected by the lord chancellor; they are generally experienced barristers, and they are commended, "all, or any three or more of them, *openly* to enquire, on the oaths of twelve good and lawful men, whether the person be or be not an idiot, a lunatic, or *non compos*."* The supposed *non-compos* is obliged to be produced on their warrant, and disobedience is punished by committal and fine. In a case in which LORD WENMAN was the *non-compos*, his wife, an Irish peeress, was committed for not producing her husband.

The commissioners have also power to summon witnesses. It is scarcely necessary to mention, that medical aid in such enquires is essential, and that the practitioner on whose testimony the affidavits are chiefly filed, necessarily becomes a witness in the public examination under the writ *de lunatico inquirendo*. In this court the establishment of the lunacy, however, is not founded, as in criminal courts, when a lunatic is arraigned at the bar of justice, upon the testimony of others. Such testimony is, indeed, required in commissions of lunacy; but, besides this, the person supposed to be insane is usually produced before the commissioners and jury, and is examined by them, in order to confirm or to invalidate the evidence which has been adduced, and to satisfy their minds that he is a lunatic at the time of their enquiry. It is in this part of the enquiry that you may be most essentially useful to the court; for as the patient is often fully aware of the proceedings, he will subtily endeavour to defeat them; and instances have occurred in which

* Collinson, p. 129.

the lunatic has been so skilfully tutored as to foil the united penetration of both lawyer and physician. "It is on such occasions," Dr. HASLAM has justly remarked, "that the sagacity and experience of the medical practitioner are demanded;" and it will, in some instances, occupy a considerable time to institute such examination as shall suffice to unravel the real state of his opinions.

It is nearly impossible to give any specific directions for conducting such examinations as shall inevitably disclose the delusions existing in the mind of a crafty lunatic; but, in my own opinion, it is to be always accomplished, provided sufficient time be allowed, and the examiner be not interrupted. It is not to be effected by directly selecting the subjects of his delusion, for he will immediately perceive the drift of such enquiries, and endeavour to evade, or pretend to disown, them. The purpose is more effectually answered "by leading him to the origin of his distemper, and tracing down the consecutive series of his actions and association of ideas; in going over the road where he has stumbled, he will infallibly trip again."—(*Haslam.*)

As the time of medical men is always much occupied in aiding such enquiries, their expenses are paid, and they have a right to demand, not only a remuneration for their time and trouble, but, further, what is denominated conduct-money, to bear their expenses to the place of meeting. When the physician resides in the same town, or its immediate vicinity, he is allowed a guinea for conduct-money, but there is no sum fixed for further remuneration; that rests with the parties. No previous bargain, however, made with the parties can avail. Under every circumstance, the medical as well as the other witnesses are bound to attend; and if they refuse, the then lord chancellor will make an order upon them for that purpose. There is no appeal from the Court of Chancery in these cases, except to the king in person.

With regard to the House of Lords, circumstances may, no doubt, occur, in which your evidence will be required in select committees of that house; but these cases are comparatively rare, and when they do occur, the evidence, although sometimes oral, yet is more commonly taken down in writing, upon oath. For although the Commons cannot administer oaths, yet the House of Peers, which is the supremest court of judicature in the kingdom, has that power. The examinations, or, as they are termed, interrogatories, are taken out of court. In the legislative business of the lords, upon which medical men are rarely called, *viva voce* evidence is the usual practice. At present the House of Peers possesses no original jurisdiction over causes, but only upon appeals and writs of error, to rectify any injustice or mistake of the law committed by the courts below. To this authority this august tribunal succeeded, of course, upon the dissolution of the *aula regia*; for as the barons of parliament were constituent members of that court, and the rest of its jurisdiction was dealt out to other tribunals, over which the great officers who accompanied those barons were respectively delegated to preside, it followed that the right of receiving appeals, and superintending all other jurisdictions, still remained in the residue of that noble assembly, from which every other great court was derived. They are, therefore, in all causes, the last resort, from whose judgment no further appeal is permitted; but every subordinate tribunal must conform with their determinations, the law reposing entire confidence in the honour and conscience of the noble persons who compose this important assembly; that (if possible) they will make themselves masters of those questions upon which they undertake to decide, and in all dubious cases refer themselves to the opinions of the judges, who are summoned by writ to advise them.

The committees of the lords have the power of summoning witnesses, to be examined by those whom they shall appoint; and committal is the consequence of disobedience.

The committees of the House of Commons have the same power as those of the Lords to subpœna witnesses, but they do not examine upon oath; they have also the power of committal for contempt. I shall not enter upon any details respecting examinations before these committees, as more than one opportunity will occur, in our progress, of entering fully into them, with more advantage than at present.

In the early period of our history, our Saxon ancestors made no distinction between the *lay* and the *ecclesiastical* jurisdiction; the rights of the church and of churchmen were ascertained and asserted at the same time, and by the same judges, as the rights of the laity. A bishop, however, sat in the court, and a superior deference was paid to his opinion in spiritual matters, whilst the same was given to that of the lay judges in temporal. This union of spiritual and temporal power was advantageous to both church and state; but it was inconsistent with the ambitious views of the court of Rome, and, therefore, through the influence of the Pope, it became an established law that all ecclesiastical causes should be solely and entirely subject to a distinct, or ecclesiastical, jurisdiction.

It was after the Norman Conquest that the separation of the civil and ecclesiastical courts was effected; and although their union was revived in the time of HENRY I., yet it was of short duration, and was soon dissolved, and they remain distinct at this day.

There are various courts arranged under

the term "ecclesiastical," namely, the Archdeacon's Court, the Casuistry Court, the Court of Arches, the Court of Peculiars, the Prerogative Court, the Great Court of Delegates, which was originally instituted to prevent appeals to Rome, which were always looked upon by the English nation, even in the times of Popery, with an evil eye, as being contrary to the liberty of the subject, the honour of the crown, and the independence of the whole realm; and, lastly, the Commission of Review, which is sometimes granted, in extraordinary cases, to revise the sentence of the Court of Delegates.

It is only, however, with one of these courts that you are likely to be concerned, namely, the Prerogative. But for the same reason that I have deferred entering into any details respecting committees of the House of Commons, I will postpone the account of the nature of the proceedings of this court until we are prepared to take into consideration those medico-legal questions which require your attendance in it.

The last of the courts that I have to notice, although it is one of more limited authority than any that I have brought before you, yet is one which you will have more to do with than any other; consequently I shall occupy your time, and I am certain not unprofitably, with some details respecting its proceedings,—I refer to the *Coroner's Court*. I am induced to adopt this resolution with respect to the Coroner's Court, not only to direct you with regard to the part you are likely, as witnesses, to take in the proceedings of that court, but also because an opinion prevails, and has led to much discussion, that it would be greatly for the advantage of the public were the office of coroner filled by medical men.

The office of coroner is of so great antiquity, that the time when it was instituted is unknown. It is evident, however, that it existed in the time of ALFRED, "for that king punished a judge with death who sentenced a party to suffer death upon the *coroner's record*, without permitting the delinquent the liberty to traverse. The name "coroner" is derived from the word *crown r*, or *coronator*, which was imposed because those who formerly filled the office had to deal principally with the pleas of the crown. His court is one of *record*, comprehending a variety of duties besides those connected with inquests of death; and it will be only necessary to enumerate these to demonstrate that the idea of filling the office with medical men would not forward the objects of the appointment, were the duties of the office fulfilled according to the original intention of the law. Thus the coroner is a conservator of the peace: he is required to enquire of all felonies; to enquire of treasures trouvés; to enquire of royal fishes and of wrecks; to pronounce the judgment of outlawry; under certain circumstances to execute process; besides holding inquests and returning inquisitions. But the case is materially altered when we know that the duty of the coroner, in the present day, is almost solely confined to enquire when any person comes to a violent or a sudden death, or dies in prison, by what manner he came to his end; but this the coroner is entitled to do only upon inspection of the body,—in the language of the law, *super visum corporis*.

It is unnecessary for our purpose to enter into the details of the manner of the appointment of coroners: whether they become so by virtue of some office, (*virtute officii*), as in the case of the lord chief-justice of England, who is the principal coroner of England, and the puisné judges of the King's Bench Court, who are sovereign coroners; or whether they are appointed by charter or commission, (*virtute cartæ sive commissionis*), as the lord mayor of London, who is coroner of London; or the coroner of the Admiralty, who holds inquisitions of deaths on the high seas; or that of the verge, who is always the lord-high-steward of the king's household for the time being; or, finally, whether they are elected by the counties, or districts, in which they act, by virtue of the king's writ *de coronatore eligendo*. By a statute of the 3rd EDWARD I. it was enacted, "That in all shires a sufficient number of men should be chosen to act as coroners." No number is defined by the statute; so that it is competent for the lord chancellor to issue a writ to elect one or more additional coroners, upon a petition from the freeholders of the county.

In former times, the coroners of the counties were *milites*, persons of some rank, or, as they were termed, knights, who had landfee in the county sufficient to answer all manner of people. This was the statute of the 3rd EDWARD I., but although it has never been repealed, yet this law has fallen into disuse; "and," as Mr. JERVIS has remarked, "the chief intent of the statute being to prevent the election of persons of mean ability, that intent is sufficiently answered by choosing men of good substance and credit." According to Sir EDWARD COKE, a coroner should have five qualities,—"He should be, (1) *probus homo*; (2) *legalis homo*; (3) of sufficient knowledge and understanding; (4) of good ability and power to execute his duties according to his knowledge; and (5) of diligence and attendance for the due execution of his office."

The coroner is chosen by the freeholders of the county, according to a mode of proceeding set forth in a statute of the 58th of GEORGE III., c. 95, which it is unnecessary to lay before you. Its sole and principal object is to regulate the time and mode of electing coroners. The electors are all persons who have a freehold interest, however small, within the county. Women, infants,

lunatics, and idiots, cannot vote at the election for coroner.

All the expenses of the election fall upon the candidates; and, when the election is over, and after the sheriff, in open court, has administered to the elected coroner the oaths of *allegiance*, *supremacy*, and *abjuration*, and also the oath of office, the coroner is then in the full possession of his office. Within six months after his election, however, he must, also, at the quarter sessions of the county, or in the Court of King's Bench, or of Chancery, subscribe a declaration respecting the support of the established Protestant Church in England, according to a statute of the 9th George 4th, c. 17.

Let us now enquire what are the duties, authority, and jurisdiction of Coroners in inquests of deaths. These are regulated and defined by the statute *de officio coronatoris*, 4th EDWARD I, which enacts—"That the coroner, upon information, shall go to the place where any person be slain, or suddenly dead, or wounded, and shall forthwith command four of the next towns, or five or six, to appear before him in such a place, and when they are come thither, the coroner, upon the oath of them, shall enquire in this manner, that is, to wit, if it concerns a man slain, whether they know where the person was slain, whether it were in any house, field, bed, tavern, or company, and if any, and who, were there."

"Likewise, it is to be enquired who were, and in what manner, culpable, either of the act, or of the force, and who were present, either men or women, and of what age soever they be, (if they can speak, or have any discretion.)

"And how many soever be found culpable, by inquisition, in any the manners aforesaid, they shall be taken and delivered to the sheriff, and shall be committed to gaol, and such as be founden, and be not culpable, shall be attached until the coming of the justices, and their names shall be written in the coroner's rolls.

"If it fortune that any man be slain in the fields, or in the woods, and be there found; first, it is to be enquired whether he were slain there or not? second, if he were brought and laid there, they shall do so much as they can to follow their steps that brought the body thither, or of the horse which brought him, or cart, if perchance he was brought upon a horse or cart. It shall be enquired also if the dead person were known, or else a stranger, and where he lay the night before?"

After stating the manner in which the coroner shall examine into the means of the person suspected of having been the murderer, the Act proceeds to describe the manner in which he shall proceed to enquire into the cause of death in other cases in which bodies have been found dead.

"In like manner it is to be enquired of them that be drowned, or are suddenly dead, and after it is to be seen of such bodies whether they be so drowned, or slain, or strangled, by the sign of the cord tied straight about their necks, or about any of their members, or upon any other hurt found upon their bodies, whereupon they shall proceed in the form above said; and if they were not slain, then ought the coroners to attach the finders, and all others in company.

"Also all wounds ought to be viewed, the length, breadth, and deepness, and with what weapons, and in what part of the body the wound or hurt is, and how many be culpable, and how many wounds there be, and who gave the wounds, all which things must be enrolled in the court of the coroner."

The dying suddenly is not to be understood from a fever, apoplexy, or any other visitation of God, and coroners ought not in such cases, nor, indeed, in any case, to obtrude themselves into private families for the purpose of instituting enquiry, but should wait until they are sent for by the peace officers of the place, to whom it is the duty of those in whose houses violent or unnatural deaths occur, to make immediate communication whilst the body is fresh, and, if possible, whilst it remains in the same situation as when the person died. But, under whatever circumstances, this authority must be exercised within the limits of a sound discretion, and unless there be a reasonable ground of suspicion that the party came to his death by violent and unnatural means, there is no occasion, except in the case of a person dying in gaol, for the interference of the coroner. Coroners have, on several occasions, been censured by the Court of King's Bench for holding repeated and unnecessary inquests, for the sake of enhancing their fees where there was no reasonable probability that the deaths occurred from violence or unnatural causes.

The enquiry of the coroner must be restricted to the cause of the death of the person upon whom the inquest is taken, and cannot be extended to accessories after the fact. He may, however, enquire of accessories before the fact, for such are instrumental to the death; but the statute (3 H. 7, c. 1) which includes maintainers, abettors, and comfortors, does not, in this respect, extend his jurisdiction, the subject-matter of which relates to the cause of the death only, in which accessories after the fact cannot be implicated.

Having received notice, it is the duty of the coroner to cause the jury to be summoned, and *statim et sine morâ accedere ad occisos, vulneratos, submersos, vel subito mortuos*. If, having been sent for, he be *remiss* in doing his duty, and do not, within a convenient time, view the body and take the inquisition, he may be amerced by virtue

of the statute *de officio coronatoris*; and, by the provisions of the statute, (3 H. 7, c. 1,) he is liable to a fine of one hundred shillings for every default.

The jury must consist of the number of twelve at least.

The coroner must proceed with the jury to view the body; it is not, however, necessary that the inquest should be taken at the same place where the body was viewed; and the coroner may adjourn the jury from time to time, and from one place to another, provided the real place at which the inquest is held be stated in the inquisition. An inquisition taken at D, upon the view of the body lying dead at E, may be good.

An inquest of death can be taken by a coroner, *super visum corporis* only; and if there be no view, the inquisition is void.

Both the coroner and the jury must view the body at the same time, for the inquisition proceeds upon the view of the body lying dead; and the oath ought regularly to be administered by the former to the latter, *super visum corporis*; and this, moreover, that the jury may have the benefit of the coroner's remarks upon the appearances which the body exhibits.

It would seem that anciently the body was lying before the jury and coroner during the whole evidence. In truth, the body itself is *part of the evidence* before the jury, and, therefore, if they see it before, and not after, they are sworn, a material part of the evidence is given when the jury are not upon oath. For this reason a coroner may order a body to be disinterred, within a reasonable time after the death of the person, either for the purpose of taking an original inquisition where none has been taken, or for holding a further inquisition where the first was insufficient. So, if an inquisition be quashed, the body may, by order of the Court of King's Bench, upon motion, be disinterred for the purpose of taking a second inquisition; but that court will exercise a discretion in making or refusing the order, according to the circumstances of the case, and the length of time the body has been buried. So essential is the view to the validity of the inquisition, that if the body be not found, or have lain so long before the view, that no information can be obtained from the inspection of it, or if there be danger of infection by digging it up, the inquest ought not to be taken by the coroner, unless he have a special commission for that purpose; but as the proceeding before the coroner is only one of several, application should be made in such cases to the magistrates or justices, authorised to enquire of felonies, &c., who, without viewing the body, shall take the inquest by the testimony of witnesses. Indeed, it would seem that coroners may be amerced for taking up a body that has been buried so long that, from its state of decomposition, no information can result from the view; and that, in such a case, the court into which the inquisition is returned may, upon affidavit of the circumstances, refuse to receive and file it. I need scarcely say, that this is a part of the law which it is difficult to determine upon, as, in cases of poisoning by arsenic, a body may have been buried for years, and decomposition have proceeded to a great length, and yet the cause of the death may be readily determined. This fact was illustrated on a trial at Bristol, to which I shall have occasion afterwards to refer.

If, during the investigation, or before it, the coroner be informed that any persons can give evidence material to the enquiry, he may issue a summons requiring his attendance as a witness; and if the party refuse to attend, the coroner may commit him for the contempt.

The coroner's inquest is to ascertain truly the cause of the party's death, and is rather for information of the truth of the fact than for accusation; it is not so much an accusation on an indictment, as an inquest of office to enquire truly how the party came by his death. On this account it is the duty of the coroner to receive evidence on oath, as well on behalf of the party accused as for the king, although formerly, with the exception of cases of *felo de se*, a contrary practice prevailed.

When no further evidence can be produced, the coroner draws up the inquisition according to the finding of the jury, to which both he and the jury must put their hands and seals. If the verdict be such that future proceedings will be necessary, all such persons as know or declare any thing material touching the offence must be bound, by recognizance, to appear at the court into which the inquisition is to be returned, then and there to prosecute and give evidence against the party charged. The coroner must, also, where the verdict will justify him in so doing, issue his warrant to apprehend the offender, and commit him to prison.

When the proceedings are closed, or before that time, if it be necessary to adjourn the inquest, the coroner may issue his warrant for the burial of the body upon which the inquest has been taken.

LECTURES
ON
MATERIA MEDICA AND THERAPEUTICS,

NOW IN COURSE OF DELIVERY
AT THE
WINDMILL-STREET SCHOOL OF MEDICINE.

BY

GEORGE G. SIGMOND, M.D.

LECTURE IV.

Superiority of Murray's Classification of the Materia Medica.—FIRST DIVISION.—*Local Stimulants.—Their Effects.—Action of Narcotics.—Rapidity of their Imbibitions, their Allayment of Pain, Diminution of Action, and Production of Sleep.—Sleep and Sleeplessness.—Soporifics; Caution in their Use.—Anodynes.—Nature and Seat of Pain; Excess and Deficiency of Sensibility in Organs; Palliation by Narcotics.—Capabilities of sustaining Pain; its Influence on the Sympathetic Nerve.*

I WILL not detain you by any remarks upon the various classifications which have issued from the pens of different indefatigable pharmacologists; they are many of them proofs of ingenuity and of industry, but they do not, in any one instance, promote the further acquisition of knowledge. There is a great difficulty in so arranging therapeutic agents under different classes, that their operations on the human frame can at once be exhibited. The best arrangement with which I am acquainted, is that of MURRAY, of Edinburgh, and I think it has been generally preferred, though of course it is not without its defects. It has the advantage of great clearness and of simplicity; to that system, therefore, it is my intention to adhere, introducing those modern discoveries and inventions which have lately so much enlarged our science.

This table of classification embraces four great divisions of medical agents:—1. General stimulants; 2. Local stimulants; 3. Chemical remedies; 4. Mechanical remedies. It is true that all the substances known to us in medicine, do not bear such close and striking affinities to each other; nor are the demonstrations by which they are separated, so decided that we can class them unhesitatingly under these heads, and consider we have established a perfect system. This we feel to be impossible; nature is not to be so fettered by the application of human ingenuity, nor are our inquiries into her laws sufficiently accurate to presume so far upon the exertion of the reason she has gifted us with. Under the first division of general stimulants four classes are included: 1. Narcotics; 2. Antispasmodics; 3. Tonics; and 4. Astringents. They are connected together by their power of exerting upon the human economy a general influence, that o stimulus. They recede from each other, principally, in consequence of the difference of intensity of their action, of their diffusibility, and of the durability of the phenomena or the effects they produce.

To the first of these classes let me now call your attention, namely, to narcotics. These medicines are distinguished from all others by the specific action which they exercise upon the cerebro-spinal system, but more especially upon the brain, to which, quickly after they are taken into any part of the system, they are conveyed by the blood-vessels. They closely assimilate in their general action, according to the nature of each individual substance and the quantity which may be applied, though considerable differences occur in their individual capacity. Although in their greatest state of intensity, the result of their action is so instantaneous that the progress is scarcely to be watched, in their general operation we observe three stages consecutive to each other; first, an acceleration of arterial blood to the brain; secondly, a venous retardation there; thirdly, an engorgement of the circulatory system in that organ; the first stage being marked by the increased energy of the functions, corporeal and intellectual; the second stage exhibiting their disordered state; and the last stage their temporary suspension.

A familiar illustration of these three consequences may be observed in the state of intoxication from a diffusible stimulus, alcohol, which is classed, from its ultimate effects, under the narcotics. During the arterial acceleration produced by alcohol in its various forms, there is an elevation of the faculties and the corporeal powers; this is differently exhibited, and is much dependent upon the source from which the spirit is obtained, and the state in which it is combined. But the ordinary results are—a glow of heat, an increase of the capillary circulation, the cutaneous perspiration more abundant, the respiration performed with ease; the pulse is, consequently, increased in strength and frequency, the animal heat is elevated, the eyes become more than usually expressive, the countenance is lively; as the stimulus is increased, so are the phenomena of excitement; the circulation acquires a febrile rythm, the functions are exercised with an inordinate energy, the mind keeps pace with the body; mirth, and joy, and gaiety, are awakened, the wit is lively, and the intellect improved; but to this succeed a general languor and sluggishness, nausea, sickness, vomiting, an obscurity or haziness of vision, incoherence of speech, unwonted muscular motion, muscular debility, and incapability of exercising volition; the vision becomes double; vertigo, internal anxiety, and depression of spirits; in the third stage, a peculiar state between stupor and sleep, which has been called somnolence, occurs. This is the train of phenomena

which mark the diffusible action, and the depressing re-action, of narcotics. Great is the rapidity with which many of these agents are taken into the system; an example of this occurs in æther: when a small quantity is given, in a few minutes it finds its way into the circulation; it acts upon the nervous system almost immediately, and as a proof of the quickness with which it enters into the circulatory system, it is almost instantaneously given forth by the expiration from the lungs, and the whole room is pervaded by its characteristic odour.

In the action of narcotic agents, you must remember, that such substances pass not only from the stomach and intestines with an inconceivable rapidity, but that the lining membrane of the lungs and that of the skin, when the epidermis is removed, possess the power of imbibition in a very high degree. When directly introduced into the blood, as in injection into the veins, they act most rapidly. The doctrine that it is by the lymphatics that they are absorbed into the system, and carried to the thoracic duct, has been overthrown by MAGENDIE; and he has satisfactorily shown that the blood-vessels, both arterial and venous, dead or living, great or small, possess the peculiar power of imbibition, which likewise takes place upon every tissue and upon every surface; that a strongly poisonous fluid kills, no matter whether it be placed in the mouth, on the mucous or serous surfaces, or on the denuded skin, and that the rapidity of the imbibition depends upon the quickness of circulation, and also upon the fulness or emptiness of the blood-vessels, upon which circumstances the acceleration or retardation of a narcotic substance depends; the rapidity of imbibition almost surpasses belief.

MAGENDIE relates the case of a curé, who was poisoned almost immediately by the introduction of a morsel of strychnine into a seton. An instance of the rapidity with which alcohol is carried by the blood-vessels to the brain occurred in the Westminster Hospital. A man was taken in dead, who had just drunk a quart of gin for a wager. The evidence of death being quite conclusive, he was immediately examined; and within the lateral ventricles of the brain was found a considerable quantity of a limpid fluid, distinctly impregnated with gin, both to the sense of smell and taste, and even to the test of inflammability.

Narcotics have been distributed into sedatives, or substances which have the power of diminishing action, either local or general; into anodynes, which alleviate the pain and sufferings of organs, or of the various tissues of the body; and lastly, into soporifics, or those which produce sleep. The first diminish sensibility, the second communicate ease to the nervous system, and the third give repose to the organs of the body.

From the action they exercise over the cerebro-spinal system, it follows that narcotics influence very considerably all the functions of organs, and new and inordinate actions, or derangements of digestion, of nutrition, and of secretion, follow. Thus they impede the digestive organs, and prevent the sensation of hunger; hence the use of opium by those who are incapable of purchasing sufficient food. Sometimes they obstruct chymification going forward; if taken during a meal the aliment is sometimes rejected, without having undergone the usual change. Some of them produce constipation, and the large intestines become sluggish, and incapable of obeying the usual stimulus; they lose their habitual power of contraction, and the largest doses of active medicines which should stimulate them to expel their contents are unavailing. Dryness of the mouth, the throat, thirst, which seem to depend upon the loss of power of the mucous membrane, the muscular tissue is deprived of its general sensibility, the cutaneous perspiration is impeded, and the intellectual powers become impaired.

The following enter into the list of narcotics, and from them different preparations are obtained:—

Papaver somniferum	White poppy
Hyoscyamus niger	Henbane
Conium maculatum	Hemlock
Atropa belladonna	Deadly night shade
Datura stramonium	Thorn-apple
Nicotiana tabacum	Tobacco
Digitalis purpurea	Fox-glove
Laurus camphora	Camphor laurel
Prunus lauro cerasus	Cherry-tree laurel
Strychnos nux vomica	Vomic nut
Humulus lupulus	Hop
Aconitum napellus	Aconite
Alcohol	
Æther	

Besides these, there are many substances which will incidentally be the subject of examination; but each of those I have just mentioned to you will be separately enquired into. There are, likewise, different operations on the system, such as general and local bloodletting, application of cold, and such auxiliaries as may be commonly employed in depressing the powers of life, when in a state of high excitement, that may properly be here introduced. Chemistry has, with great certainty, pointed out to us, by a series of inductive experiments, that the greater number of the vegetable narcotics owe their power to an alkaloid, which is united in their natural state to an acid, most probably proper to each plant, and that these alkaloids are infinitely more intense and energetic in their action than any part of the narcotic in its ordinary state. The great advantage resulting to medicine from this important dis-

covery has been the power that we possess of administering, in very minute quantities, the important means of cure. This, of course, is of very great utility in some instances. It will be for us to weigh, in each case, the advantages and the disadvantages attendant upon their employment. The processes for the obtaining these alkaloids are some of them so complex, that these substances are not likely to find their way into general practice; still we must collect all the information upon them that has as yet been given.

Of all the different classes of medicine we possess, we may fairly consider the narcotics, skilfully, judiciously, and watchfully administered, the most important; and here let me quote the words of the greatest physician this country ever saw, SYDENHAM. Speaking of the use of laudanum in dysentery, he says, "And here I cannot help mentioning, with gratitude, the goodness of the Supreme Being, who has supplied mankind with opiates for their relief, no other remedy being equally powerful to overcome a great number of diseases, or to eradicate them effectually. This medicine," he continues, "is so necessary an instrument in the hands of a skilful person, that the art of physic would be defective and imperfect without it; and whoever is thoroughly acquainted with its virtues, and the manner of using it, will perform greater things than might reasonably be expected from any single medicine." May I be excused, whilst thus quoting that first of practical men, if I impress upon your minds, if you would excel in your profession, to read and study deeply the works of THOMAS SYDENHAM! They are few in number, but they are an invaluable treasure to the human race. In the language of his great annotator and admirer, Dr. RUSH of Philadelphia, I must say, "They should not barely be read; they should be studied, for there is the same difference between reading and study that there is between exercise and labour. They should afterwards be read over and over, if you expect to profit by them. They should likewise occupy a place in your parlour window, in order to be consulted more easily in every hour's respite from business." SYDENHAM himself has said, in his treatise on dropsy, "If a person will give them a single reading, I am sorry I should be the means of making him lose his time; but if he will peruse them, and commit them to memory, I dare say he will reap such advantages from them as may in some measure equal my wish, and the great pains I have been at in making and compiling them." In thus speaking of SYDENHAM, I am following, at a humble distance, the example of the great men who have gone before us; and I doubt whether those who have deserted his slow and cautious footsteps have, in their hurry and boldness, increased the knowledge of our art, or promoted the happiness of man.

Other medical men have expressed very similar opinions as to the value of opium. SYLVIUS prized it so highly as to have declared, that without this drug he would abandon the science of medicine, as holding forth expectations that could never be realized. Fortunately we have in the list I have laid before you, not only valuable auxiliaries to opium, but substitutes for it, nay, even, in some instances, agents that are to be preferred to it. Hyoscyamus, in affections of the brain, is preferable to opium; belladonna is more efficacious as a local application in painful affections; and conium has a peculiar influence upon the nervous system, by which pain in some of the most sensitive parts is more immediately lulled, as in diseases of the prostrate gland, and in cancerous affections. Digitalis, or fox glove, is endowed with a power of controlling the inordinate action of the heart and arteries, and thus alleviating some maladies attended with peculiar distress, and that disordered sensation to which, medically, the term "anxiety" has been most appropriately given. I have some general remarks to make upon the administration of the remedies, first, as to the power of inducing sleep, and then as to their alleviation of pain.

Sleep has been aptly defined the repose of the organs of sense and motion, whilst the functions of the body are still carried on. I know no finer description of its inestimable value to man than what our great dramatic poet has so beautifully given:—

"Sleep, that knits up the ravelled sleeve of care,
The death of each day's life, sore labour's bath,
Balm of hurt minds, great nature's second course,
Chief nourisher in life's feast."

From the connection between the mental and corporeal functions, the tranquillity and quiet given to the body by the absolute suspension of the action of the voluntary muscles during sleep, conduces to the preservation of the intellect, and the healthy state of the system; and sleeplessness, or vigilance, as it has been termed, is one of the most distressing disorders that can afflict us. Not only does it precede, accompany, and aggravate, many diseases, but it likewise is their cause; the nervous system is overpowered, a train of frightful maladies is induced, and sometimes the seat of reason has been shaken.

TISSOT, in his work on the "Diseases of Literary Characters," says, that the aptitude of the brain, to restore by sleep the impaired energies of the functions of the body, may be lost altogether.

Want of sleep is of course a very frequent concomitant of disease, is a most distressing, weakening, and dangerous symptom in a great number of disorders. The causes of morbid irritation which produce and support this dreadful malady are many and complicated, and frequently demand our utmost attention. There are instances or

record of sleeplessness the most frightful. BARTHOLINUS has spoken of a case in which hemicrania kept a person awake for three months; it was attended with a melancholy, or hypochondriacal state, which lasted fourteen months. GOOCH gives a singular case of an individual who had never known what pure sleep was, even for half an hour, yet he lived to be 73 years of age, and enjoyed a very good state of health. He fell one day into a kind of dozing, which lasted about a quarter of an hour; but even that was not sound, though it was all the slumber he was ever known to have had. On the other hand, there are some narrations of a most singular kind, of individuals sleeping for weeks, months, nay, even for nearly four years, with very little interruption. The most singular case of this kind is to be found in the 24th vol. of the *Philosophical Transactions*, and it is related by a physician, Dr. OLIVER, upon whose sagacity the utmost reliance could be placed, and as there was every opportunity of closely examining the circumstances he relates, there can be very little doubt of the truth of the particulars he there states:—

SAMUEL CHILTON, a labourer, aged about 25, residing at Timsbury, near Bath, was accustomed to fall into a sleep, from which no one could rouse him till after a month's time; on one occasion he fell asleep about the 9th of April; after some days he, remaining in that state, was seen by Mr. GINS, of Bath, who was sent for; he bled him, blistered, cupped, and scarified him, and used all sorts of external irritating applications, without producing the slightest effect upon him; he appears, however, to have ate, and to have had some evacuation, though no one saw him do either. This was during the first ten weeks, after that period he remained in the same state for seven weeks, during which he made water once, and had one evacuation.

The duration of sleep should be, in manhood, about the fourth or the sixth of the 24 hours; children, the younger they are the more sleep they require; in advanced stage there is more watchfulness. Excess and defect of sleep are equally pernicious to the system, and injurious to the organs.

Obstinate sleeplessness is a malady that preys upon the system, disordering every function; during the darkness, the silence, and the solitude of night, all the causes of conflicting passion, of anxiety, and of corroding feeling, rise up with redoubled energy, and haunt the broken spirit. The heart beats with terrific violence, there is a gnawing about the præcordia, an unnatural glow of heat succeeded by a damp chilliness, involuntary sighing; a sensation of dread and horror creeps over the system; light is most anxiously prayed for, but when it dawns it brings with it no relief; for this sad state, and often do we meet with it, the soothing attention of the medical man can do much, and though perhaps "the drowsy syrups of the East" may not medicine to the mind diseased, still there are numerous dietetic and moral means which relieve this state. Great attention to diet, to the cutaneous perspiration, to frequent ablution, to hot and cold bathing, will aid the effect of hyoscyamus, of camphor, and of æther, amongst the narcotics; besides these, there are remedies taken from the three classes of the diffusible stimuli; there are, likewise, many plants of which infusions, taken at bed-time, are productive of much good, that have no place in our pharmacopœias; amongst these, the gratiola officinalis has considerable influence, and also the salvia officinalis, the salvia æthiopica, and verbascum nigrum. In the works of the celebrated Dr. FRANKLIN you will find a familiar treatise on the art of producing sleep, which is not unworthy your attention.

Great caution is always necessary in the employment of soporifics; there are states of the body in which, however necessary it may be to obtain sleep, yet we cannot have recourse to them without previously preparing the system, and very accurately and minutely weighing all the circumstances. In fevers and acute disease the first favourable system that excites our hopes is sleep; upon this sometimes the whole case turns, the patient to whom we had looked with anxious solicitude, for whom we scarcely dared venture to express an idea that might have induced the friends to entertain a hope, falls into a gentle slumber, his respiration is easy, his skin moist and warm; he wakes, as it were, from the brink of the grave, refreshed and recalled to continue his path upon earth, even in a firmer state of health than he was previous to his attack. If this sleep has been naturally obtained, it always forms to us an indication of the utmost value; but if it be artificially produced, although it may have been productive of some apparent good, we cannot calculate upon it as enabling us to form a favourable prognosis, and, indeed, if we cannot keep up the diffusible stimulating system, the reaction is great, and the constitution sinks afterwards more rapidly.

In almost all cases, narcotics must be administered with great caution, and to give them in every stage betokens an ignorance of the effects they produce. To give opium where the tongue is loaded with sordes, is to produce an irritation and an excitement; to give digitalis where the tongue is red, is to nauseate and lose the power of relieving by it; sometimes soporifics will diminish every secretion, the insensible perspiration, the saliva, the urine, the bile, will be acted upon, from not having taken the precaution previous to prescribing, to remove from the prime viæ by gentle laxatives, the accumulated mucus which, covering the surface of

the stomach and intestines, prevents the capillary circulation from being healthily carried on.

There are some circumstances which may, at first sight, appear of little moment, but which, I can tell you, from some experience, exert a most extraordinary influence upon your successful administration of soporifics; amongst these I will more particularly notice to you the effect of light. You will find that in some diseases, especially in nervous fevers, that if your patient has the stimulus of light, not only will the medicine be inefficacious, but it may, as you will sometimes see, become a source of irritation. It is often necessary that the room in which the sick person is should be kept in absolute darkness, otherwise a large, and what would be a potent, dose will produce no benefit. In some stages of disease, even the presence of a night-lamp will counteract all the good effect that has been anticipated. I have uniformly found the greatest difference in hospital practice result from the administration of a narcotic during the day, and during the night; in the former case it generally makes the patient fretful and irritable, and the various objects which must of necessity keep up a state of excitement, in a ward, militate strongly against it in the day-time.

Quiet is also important; fresh air, but not cold air, although the windows should be kept closed; the curtains of the bed should be left open, but not if there is a fire in the room, the flame of which attracts the eye, and such is then the disordered state of the sensorium, that a candle, or glare, will produce all sorts of illusions upon the mind. I have known delirium come on night after night, until the cause was ascertained to be the fire at the foot of the bed, the patient having taken a narcotic draught.

I need, in these days, hardly caution you against the talkativeness of nurses, or their officious zeal in waking the patient from a sweet and refreshing sleep, for the purpose of regularly giving the composing draught. I must, however, not dwell now upon these topics, but hasten on to speak of anodynes.

The first symptom that usually excites the attention of the medical practitioner, as it is that upon which the sufferer most dwells, is pain or disordered sensation, and for that it is that relief is required. But, whenever you are called upon to alleviate pain, you must remember that you do not perform your duty by the administration of a remedy which can produce this effect alone. You are to be aware that pain is the symptom of a disease, and not disease itself, and that, in the greater number of cases, you do not advance one step by giving momentary ease, but, on the contrary, you may do the utmost mischief by masking the disorder, by further debilitating the system, and, besides, you are losing the most valuable opportunity of combating the cause. Again, in some instances, the temporary relief you give adds fuel to the flame, and will afterwards increase the mischief.

You are to examine what other signs or symptoms of disease exist. By combining them and comparing them, you are enabled to arrive at a conclusion of the nature of the disease, to distinguish it from another, or to form a diagnosis, as it is termed. Were you to administer, during inflammation of the brain or its membranes, where there is acute pain and sleeplessness, a narcotic to obviate both these states, you would do great mischief, by determining still more to the brain, by preventing the proper biliary secretions, and by losing the time of action; for blood-letting, under such circumstances, would produce all the effects which you might vainly seek from the employment of any narcotic.

I need scarcely observe to you, that feeling is the most universally diffused of our senses over the frame; it is the most simple and common to every part. In some places it is much more acute than in others, for some tissues are alive to the slightest touch, and are endowed with the greatest sensibility. But the organs that are most susceptible are not those which carry on the great actions of life.

Thus, with regard to the brain itself, which many physiologists consider as the seat of sensation, there is not a single part that has not been impaired or destroyed, without any apparent change in sensation. A number of cases have been collected by HALLER fully proving this fact, and, with the exception of that disease of the heart in which its blood-vessels are found to be ossified, called angina pectoris, scarcely any pain accompanies some of the most striking diseases of the heart; and, after death, extraneous substances, such as a pin, a bullet, have been found in the heart, producing little or no disordered sensation during life.

Some of the most painful affections to which nature is subjected occur in the urinary organs, and those parts which are subservient to generation; and, fortunately for suffering man, the class of narcotics produces a number of substances which alleviate his pain, although they cannot cure it.

You must learn that there is as great an art in palliating disease as there is in curing it, and that the remedies I am about to speak of to you possess this power in an extraordinary degree; and the medical man who studies these points will possess a most important knowledge, which will be of the greatest service to him. It is a branch of art, I fear, very much neglected. Some individuals do not seem to know that many diseases are incurable, and the consequence is, that they are always attempting an impossibility; they are undermining the still healthy organs, or rashly are terminating

existence. It is the duty of every one who practises this profession to study to prolong the days of man to its latest possible hour; and when the cause of disease is too deeply seated, he must teach his patient how he may best diminish the predisposition to it, how he is to avoid the exciting cause, and how best he may remedy the proximate cause.

Every point connected with pain as a symptom, must be deeply weighed before any one remedy is administered, and its connection with other symptoms will generally prove a guide to the nature and seat of disease.

Pain is sometimes produced by causes visible to the eye, where external inflammation is present, where it arises from distension, compression, percussion, laceration, disorganization, application of extraordinary heat or of cold; but it is likewise seated internally, when its nature is to be ascertained by great attention to concomitant circumstances, by pressure in some instances, by its intensity, its duration, its situation, and by reasoning founded upon practical experience.

Beyond a certain point the body is incapable of bearing pain, and nature prevents all further suffering by suspending or by terminating existence; previous to that the nervous system is convulsed, fever is produced, and delirium supervenes. But when the system suffers from a less degree of pain, whatever the organ may be in which it is present, the great sympathetic nerve sooner or later feels the influence; hence loss of appetite, nausea, vomiting, and disordered states of the alimentary canal, and of the secretions, are produced. There are accidents to which the body is subject, which occasionally give rise to excruciating and unrelenting pain, for which we vainly seek any remedy, and the suddenness with which life becomes extinct is fortunate for those to whom this calamity occurs.

Ruptures of the stomach, of the gall bladder, of the urinary bladder, destroy sometimes with immense rapidity, so that the suffering is not intense, but sometimes the patient survives some hours in great agony.

Rupture of the stomach is not of common occurrence, it is generally the result of overdistension combined with efforts to vomit. CHEVALIER mentions the case of a lad, 14 years of age, the inner coat of whose stomach was torn in many places, and that of the duodenum was lacerated completely round; he had eat and drank heartily at a Christmas feast, and was attacked with violent and severe vomiting; next morning he said he felt as if the blood in his head was boiling, he was unable to swallow, the pulse became irregular, pressure on the stomach caused excruciating torture; he vomited two pounds of blood the following day previous to his death. Sometimes rupture of the stomach follows great exertion; thus a healthy coal-heaver in this town, whilst attempting to raise a heavy weight, suddenly cried out, clapped his hands to his stomach, drew two deep sighs, and expired. A lacerated hole was found in the stomach large enough to admit the thumb.

Doubtless overwhelming pain has sometimes the principal share in the sudden termination of life, but under ordinary circumstances I do not believe death itself either to be the result of pain, or that in the greater number of instances it is attended with much suffering.

Medical men have been called upon to declare what quantity of pain individuals can endure, and they judge much by the temperament; the fair-haired, blue-eyed, light-complexioned person speedily faints after its application, whilst he who is dark, sallow, and black-haired, undergoes spasms, convulsion, fever, debility, and delirium, before nature refuses to give up her powers.

Pain may be acute, dull, aching, throbbing; may be increased by motion, by pressure, by the action of any particular organ; sometimes its limit is very much confined, circumscribed to one spot, or it may be very universally diffused; all these circumstances become indications of the particular remedy to which we are to have recourse.

You must remember that your patient is frequently incapable of referring you to the exact seat of pain, and that sometimes the sensation exists in a part at a considerable distance from the organ that is disordered and were you to apply your narcotic to the point you would not relieve a single symptom. Thus, where the liver is diseased, the right shoulder is complained of; where a stone exists in the bladder, the top of the urethra sympathizes; where the cells of the lungs and bronchiæ are clogged up with mucus, with pus, and with blood, the cough and uneasy sensations are complained of as affecting the larynx; those who have lost an arm or a leg will not unfrequently complain of the pain in the fingers and toes. I have known a blister applied to the thigh on account of pain and numbness there; and narcotics administered where the pulse has indicated inflammation; and upon the consequent death, the kidneys have been found gorged with blood, but the acute pain in the back and the state of the pulse had excited no attention in the medical man.

There are great varieties of disordered sensation which, though they are not immediately painful, are sources of the highest degree of irritation and of annoyance; such as soreness, tension, numbness, rawness of parts, formication, itching; this is sometimes so intolerable as to produce inflammatory fever, it is very frequently caused by various parasitic insects. I have known two cases of individuals, who were so dreadfully in-

noyed by this plague as almost to find life intolerable; an ointment, the principal ingredient of which is corrosive sublimate, in one instance only allays the suffering; it seems to come on at long intervals, and though it ceases, on the application of the ointment, for some weeks, it still suddenly seizes the person with such intense sensation that he is obliged almost to tear his flesh for relief. In the other instance, hydrocyanic acid much diluted, effected a permanent cure.

When pain ceases, it must, nevertheless, be an object of your care; in very many instances, it is right for you to ascertain whether this has gradually or suddenly taken place; if in inflammation it has suddenly ceased, you must be aware that it may be from mortification; if accompanied with shivering and sensation of cold, however slight, suppuration may be the result; sometimes, as in rheumatism, the pain in the limbs subsides, but in a day or two the heart, or some other organ, is affected, and this has been called metastasis; but, in many instances, I am persuaded in rheumatism, it is the result of an affection of the coronary vessels that supply the heart with blood, and is produced by too much bleeding; for it seldom, if ever, occurs, where venesection has not taken place.

So that, thoroughly to understand the circumstances under which narcotics are to be administered, besides attending to the age, to the constitution, and to the habits of life of the patient, demands, on the part of the medical man, the most watchful care and patient discrimination.

LECTURES
ON THE
PHYSIOLOGY OF THE NERVOUS SYSTEM,

DELIVERED IN 1836, IN THE COLLEGE OF FRANCE.

By M. MAGENDIE.

Lecture V.

The Cerebro-spinal Fluid.—Absence of Normal Secretions in the Dead Body.—Mode of Examining, Post Mortem, the Spinal Marrow and its Membranes.—Anatomical Disposition of these Membranes.—The Lecturer's Discoveries respecting the Fluid.—Résumé of the important Facts Discussed.

Gentlemen:—I have already presented to you some considerations,—regarding the subject, in a mechanical and anatomical point of view,—on the dispositions and arrangements which we may observe in the osseous and membranous parietes of the cerebro-spinal axis. I mentioned, for example, amongst other things, the extreme delicacy of the nervous structure, which a single concussion is sometimes capable of disorganizing so far as to paralyse its functions on the instant.

The physical and physiological facts which I have mentioned, show how necessary it is that nature should have provided for the protection of so delicate an organ; and, in fact, we have seen enough to fill us with admiration at the ingeniousness of her contrivances for this purpose.

I also directed your attention to the relations existing between the cerebro-spinal axis on the one hand, and the cranium and rachis on the other; to the marked difference between their respective diameters; and, finally, I showed you the error into which certain anatomists have fallen in describing the cerebro-spinal cavities, as being exactly filled by their contained viscera.

I also showed you how the canal which the dura mater forms round the spinal marrow, and which is lined by a reflexion of the arachnoid membrane, is much more capacious than the actual size of the spinal marrow itself would require; and how the vertebral canal, while it surrounds the spinal axis and protects it on all sides, embraces an additional space, without which the movement of the vertebræ on each other would, at every instant, exercise a most prejudicial influence on the contained nervous mass; a fact that is illustrated by hypertrophy of the spinal marrow, when the latter nearly fills the whole of its cavity. We saw, Gentlemen, that the interval just mentioned is not empty; but, on the contrary, completely occupied by the cerebro-spinal fluid.

In former days, and, indeed, too often at the present time, when the presence of this fluid is discovered in the dead body, it is considered as a pathological production of the membranes lining the spinal marrow, or the brain and its cavities. Thus, a physician of high reputation, sent by the government to investigate the yellow fever at Barcelona, considered the cerebro-spinal fluid we now talk of, as the cause and seat of the disease; an explanation founded, as you see, on a fact which actually existed, but at the same time proving his deficiency in physiological knowledge.

The existence of the cerebro-spinal fluid was long ago remarked by the ancient writers on medicine; but these observations were either lost or remained unnoticed, and it is only in the work of M. Cruveilhier that you will find it mentioned for the first time, and then in consequence of the experiments I had made upon the subject.

The cerebro-spinal fluid presents an incontestible degree of interest for the physiologist; but as it penetrates into the different cavities of the brain, its importance becomes infinitely greater in a pathological point of view. Thus, for example, in chronic hydro-

cephalus, it is the presence of this fluid in too great quantity which opposes the development of the bones of the skull, and modifies, in so profound a manner, the organization of the brain itself. In cases of anencephalia, and of acephalia, we find the cerebro-spinal fluid in greater or less quantity. Finally, in almost all the diseases of the brain, and its annexes, this fluid plays a most important part, and it is impossible for us to acquire any precise notion of their nature or causes without having studied it in a careful manner.

In certain effusions of blood into the cavity of the cranium, where the effused fluid descends from the brain into the vertebral canal, we are able to seize various phenomena of the greatest utility towards forming a correct diagnosis, which altogether escape the knowledge of persons who have not possessed themselves of the facts now laid before you. All these questions will soon come before us in a practical manner; in the mean while let us examine the best means of collecting the cerebro-spinal fluid; let us study the various modifications which it may undergo, and the consequences resulting from its physical or chemical properties. The first point we have to examine is the exact position which this fluid occupies in the living body, and for this purpose we must evidently make ourselves acquainted with the anatomical disposition of the cerebral membranes, and, what is still more necessary, though more difficult, the manner in which the spinal marrow is enveloped in its membranes.

In a great number of autopsies the spinal marrow is not examined at all, and where the vertebral canal is opened, nine times out of ten the spinal marrow is wounded in several places; this necessarily renders any examination of the cerebro-spinal fluid impossible; the membranes are forcibly torn asunder; the saw, perhaps, cuts through a portion of the soft parts, together with the hard, and this is precisely the reason why most of the anatomists who have preceded me were unable to discover the presence of this fluid in the dead body. The membranous sac, however, is full, but a stroke of the hammer, or a fragment of bone, penetrates into its cavity, and gives issue to the fluid mixed up with the blood which flows from the spinal veins, and thus more easily escapes our notice.

But this is not the only difficulty we meet in endeavouring to establish the existence of the cerebro-spinal fluid in the dead body; this fluid may disappear altogether after death, though it existed during life in a normal quantity. The different secretions, of course, cease with the life of the individual, and, in many cases, a great portion, or even the whole, of a given secretion, which we know to have existed during life, is no longer found on examining the body; thus, for example, within the space of twenty-four to thirty-six hours after death, the liquid parts of the aqueous and other humours of the eye pass off, in the form of vapour, or by imbibition, and the whole globe becomes gradually empty, and falls in. The same may take place with respect to the cerebro-spinal fluid, which may pass through the surrounding tissues by imbibition, and become evaporated at the surface of the skin. However, if you open the vertebral canal with proper precautions, even twenty-four hours after death, you will find as much as eight ounces of this fluid, and that without its having been augmented by any pathological accident. Generally speaking, the quantity of fluid found is in inverse proportion to the size of the brain; that is to say, when the cerebral mass is well developed, you have a small quantity of the cerebro-spinal fluid, and *vice versâ*.

The following is the method which I am in the habit of pursuing when I expose the spinal marrow and its membranes; however, I should apprise you beforehand, that I have altogether renounced employing Bichat's method of opening the cranium. Bichat, you know, introduced first the habit of opening the skull by repeated blows with the sharp end of the hammer, practised all round its circumference; the inconveniences of this method are easily perceived at first sight. The mass of the brain is agitated, and concussed by the shocks of the hammer; it is almost impossible to avoid lacerating the membranes, superficial vessels, and even the nervous substance itself, and the fluid thus escapes, mixed with the blood of the lacerated arteries and veins. But to return to our subject, When I desire to collect the cerebro-spinal fluid, I take a body and make two parallel incisions with the saw, over the sacrum, or at the lower part of the vertebral canal. I then detach the central piece of the sacrum, taking especial care to conserve the integrity of the membranes; thus I have laid open the cavity of the sacrum, which is nothing but a prolongation of the vertebral canal. The sac containing the cerebro-spinal fluid, is now brought into view, and may be further seen by taking away a few more of the vertebral processes: it is right, however, to warn you, that the sac is not always discovered with facility, and whenever you see the dura mater flaccid, and lying down upon the nervous substance, you may be sure the fluid has escaped.

This is the first observation we have to make on the existence of the cerebro-spinal fluid, and the manner of collecting it; there is another of less importance, but still necessary to be attended to. When you have exposed the lower part of the vertebral column, detach a few meshes of the lumbar nerves, and form with them a prolongation, or conductor, the end of which you must place in

a vase: this done, you perforate the lower part of the sac, and collect the fluid which descends along the nervous chord, and is thus prevented from being dispersed or lost. In this way you may collect the whole of the fluid contained in the cavity of the rachis, but not that which is lodged in the skull, and the reason of this is purely physical: the cranial fluid refuses to escape, just in the same way as the fluid of a cask refuses to issue through the spigget, unless the bung-hole above be free. As long as the cranium remains whole, the atmospheric pressure is removed from its contents, and the fluid continues to occupy its natural cavities without any tendency to descend. To collect this latter-named portion of the cerebro-spinal fluid, I open the skull carefully with a saw, and as soon as the skull-cap is removed, the force of atmospheric pressure drives it from the cavity of the skull to the upper part of the vertebral canal, whence it descends by its own weight, and finds an issue at the opening you have already practised.

I have now described to you briefly, the method I adopt for the purpose of collecting the cephalo-rachidian fluid; it is possible, as you see, to collect it all, but you must take care to open the vertebral canal before you proceed to the examination of any other part of the body; with this precaution you may form a correct judgment of the quantity in which the fluid exists, and the various alterations it may have undergone. Sometimes, as I said before, we find no trace whatever of the fluid; it has been imbibed in totality; at other times it seems converted into a purulent matter; but this latter transformation does not depend on an arachnitis, as was formerly thought; it is evidently the result of inflammation of the pia mater enclosing the spinal marrow.

I have said, in a general manner, that the fluid was contained in a sac formed by the membranes of the spinal marrow, but this vague description is not sufficient; you may ask me, In what part of the membranous envelop is it situated? To answer this question we must take a brief view of the anatomical dispositions of these membranes. It results from the manner in which the dura mater is disposed in the vertebral canal, that the membrane just mentioned is closely attached to the parietes of the canal, and follows all the movements of the spinal column. On this point, let me mention in passing, that there are some questions of the highest interest, which I propose treating in a work that I am about to publish in a short time.

Applied to the dura mater, between it and the pia mater, we find the arachnoid membrane, which anatomists have only known since the seventeenth century, and particularly since the researches of BICHAT. The ancient anatomists considered the arachnoid as an internal layer, sent off from the dura mater; those of the seventeenth century looked on it as an external layer, or fold, of the pia mater; since then most anatomists were agreed in describing it as a separate membrane of the brain, and, finally, BICHAT clearly proved that it should be ranked under the class of serous membranes. It is unnecessary for me, nor, indeed, would the time permit, to give a detailed description of the manner in which the arachnoid is connected with the several parts contained in the cranium and vertebral canal; suffice it to say, that the arachnoid lines the whole of the inner surface of the dura mater, from which it is reflected at certain points, to cover the pia mater of the cerebral and spinal portions. The surface of relation between the arachnoid membrane on the one hand, and the dura mater and pia mater on the other, is thus very extensive, and it is along this surface that the cerebro-spinal fluid is dispersed. I first discovered this fluid in living animals under the following circumstances:—On removing a portion of the skull, and laying bare the dura mater, I perceived that this latter membrane presented an appearance of tension which strongly attracted my notice. I immediately asked myself the cause of this phenomenon, but I found nothing in the labours of physiologists, or anatomists, who had preceded me, that was capable of explaining its nature or cause. Instead of spending my time in fabricating useless hypotheses to explain this interesting problem, I commenced my researches by a very simple experiment, that of puncturing the dura mater, and immediately the cause of the tension of that membrane was revealed to me; a quantity of fluid escaped through the orifice which I had practised.

Such, however, was the influence of preconceived ideas, especially when they were strengthened by such an authority as that of BICHAT, that I never thought of imagining the fluid could exist in any other part than in the cavity of the serous membrane. This supposition, moreover, was confirmed by analogy. In ascites, in dropsy of the pericardium, and of the articular membranes, the effused fluid is always found in the cavity of the serous sac; hence I thought, for a long time, and wrote in the second edition of my "Physiology," that the cerebro-spinal fluid was contained in the cavity of the arachnoid; that its seat was in the serous membrane which envelopes the brain and spinal marrow. This was a grave error; an error into which I could never have fallen, unless my mind had been completely occupied and perverted by the ideas of BICHAT. Not long ago, a German physician of high reputation, TIEDEMAN, went so far as to advance that my discovery had become a law; in other words, that the existence of the cephalo-rachidian fluid in the cavity of the arachnoid, formed a part of the general law of serous

cavities. I had considerable difficulty in convincing him that we had been mistaken as to the true state of the fluid. He answered me, "Its existence in the cavity of the arachnoid was a law." But what, let me ask, is a law in direct opposition to the fact it presumes to generalize? In its normal state, the cerebro-spinal fluid does not occupy an uninterrupted space, like the generality of the other fluids, but is rather a collection of globules, like the vitreous humour of the eye. To determine with precision its exact seat, we lay bare the dura mater at the inferior portion of the vertebral canal, in the manner already described, and draw off the fluid by a small opening, which should only compromise the fibrous membrane; this done, we introduce the nozzle of a fine pipe, and throw in a solution of gelatine. The injection must be conducted with a great deal of care, to avoid perforating the arachnoid membrane,—an accident which would manifestly lead to false conclusions. After a short interval, the dura mater should be removed, and in the space which separates the inner layer of the arachnoid from the pia mater, we find the gelatine which had been thrown in; hence this is the exact site of the cerebro-spinal fluid. In speaking of the arachnoid membrane, Gentlemen, there is an anatomical fact to which I would direct your attention, because it is passed over without notice by a great many writers. When you expose the posterior part of the rachis, throughout its whole length, and throw in an injection of air between the dura mater and arachnoid membrane, if you lacerate the internal surface of the membrane from the second cervical vertebra down to the last dorsal, you will perceive a hollow furrow, or species of posterior mediastinum, which is prolonged all the way down, as far as the tenth dorsal vertebra. A second fact is, that when you detach the dura mater, and fill the cavity with air, you perceive a number of small filaments passing from the serous membrane to the arachnoid. These small filaments are nothing but folds of the serous membrane, which envelop a fine artery, with its accompanying vein; and it is here that the vessels of the pia mater communicate with those of the fibrous membrane. As I said before, we require the aid of a compressing force to remove the whole of the fluid from the cellular tissue which unites the dura mater with the arachnoid; for it is retained, as it were, by the meshes of the cellules, and in little compartments, which otherwise would remain empty. In the descriptions of most autopsies we find detailed in works, the cerebro-spinal fluid is described as existing in the cavity of the arachnoid, and not outside that membrane. This is an error, and the consequences which physicians draw from it are false. To collect the fluid contained in the ventricles of the brain, these latter are exposed by gradually slicing off layers of the hemispheres. The fluid is then absorbed with a bit of fine sponge, and discharged into a cup. Here would be the place to examine the question disputed ever since the days of BICHAT, viz., Whether the fluid contained in the ventricles of the brain communicates with that of the spinal cavity or not? This is a question of the highest interest, which we shall take up next, when we propose to demonstrate the existence of the cephalo-rachidian fluid by some experiments on living animals.

If you compare the dimensions of the cranium with those of the dura mater, if again you compare the capacity of this latter membrane with the size of the spinal marrow, you will remark a difference of relation which cannot fail to strike your attention. The same remark is applicable to the arachnoid membrane. But let us review our statements. The arachnoid is nearly every where closely applied to the internal surface of the dura mater, but its connection with the cerebral and spinal nervous masses is much less intimate. An interval of some kind therefore exists, and this space must necessarily be either full or empty. If you lay bare the dura mater in a living animal, you find that it does not immediately sink down and become flat; hence it must be supported by some body fit to counterbalance the pressure of the atmospheric air; if you desire to ascertain the cause of this counterbalance being kept up, and make a small opening into the cavity of the dura mater, you give issue to a fluid contained underneath the fibrous membrane, and existing throughout the whole of the cerebro-spinal cavities, from the frontal bone to the sacrum. This fluid, as you already know, we have named "cerebro-spinal." It exists in greater quantity in man than in any other animal. This we might conclude *à priori*, from the arrangement of the parts in animals. Examine the anatomical disposition of the spinal marrow in animals, and you will observe that it descends lower down in the cavity of the rachis, which it fills nearly in a complete manner; hence the interval to be filled up, in these animals, is comparatively small, and the quantity of fluid existing in the cerebro-spinal cavity is necessarily small in proportion. This observation is easily made. You are not required to prosecute experiments of any kind on the living animal to determine the accuracy of what I say; you have merely to stop for a few minutes before the first butcher's-shop you meet, where a cow is hung up, to examine the dimensions of the spinal marrow, and see that they bear a very close proportion to those of the vertebral cavity.

It results from what I have just said, that the existence of the cerebro-spinal fluid is more intimately united with the anatomy of man than with that of inferior animals. You

have been already instructed in the method of collecting this fluid, and been shown that if anatomists have remained so long ignorant of its existence, this was because they employed an imperfect and defective manner of opening the head and spinal column. I also told you how most of our predecessors considered the presence of this fluid in the cerebro-spinal cavities, as depending on some pathological condition of the nervous centres or their membranes: finally, we were led to ask the question, whether the fluid of the vertebral canal communicates with that contained in the cranium, or not?

According to the ideas first inculcated by BICHAT, and afterwards adopted by all his followers, the arachnoid membrane, after having lined the external surfaces of the spinal marrow and the cerebrum, penetrates through a peculiar opening into the posterior part of the lateral ventricles, over whose surfaces it is reflected on all sides. Having often observed, as indeed all pathologists had seen before him, more or less serous fluid in the ventricles, and having, as he thought, discovered a serous membrane spread over the ventricular surfaces, BICHAT thought himself justified in concluding it was the arachnoid.

This conclusion seems founded more on the ideas which he had preconceived, than on actual facts; for if BICHAT had taken the trouble of examining with care and minute attention the disposition of the surfaces of the cerebral ventricles, he would have seen that as for the greater part of these surfaces it is totally impossible to discover any trace of serous membrane: had BICHAT, I say, observed this fundamental fact, he never would have thought of discovering by what arrangement of parts the arachnoid membrane penetrates into the interior of the ventricles. This is not the only error into which man has fallen through a too hasty disposition of generalizing without sufficient facts. Anatomists are also in the habit of saying that the whole of the articular cavities is lined by reflexions of serous membrane,—an error easily refuted by any thing like accurate dissection. We may then say, in a general manner, that serous membranes do not present the disposition attributed to them for so many years by some of our best anatomists, viz., that of completely lining the whole of the cavities, and of the parts contained in the cavities, where they exist; and that the even polished surfaces which some of these cavities present, are far from proving that they are lined with a serous membrane. The synovial membranes would soon wear out if they spread over the articular surfaces, which are in immediate contact with each other,—the constant friction would destroy them; besides, once for all, we cannot discover any trace of synovial membrane on this part of a joint by actual dissection. It is true that the cavities of the middle and lateral ventricles, of the aqueduct of SYLVIUS, and of the fourth ventricle, present a smooth, even, polished surface; but this circumstance alone cannot prove that they are lined with a serous membrane, for observation shews the contrary. I will pursue this subject at our next meeting.

DINNER
OF MEDICAL PRACTITIONERS.
BRITISH MEDICAL ASSOCIATION.

ON Thursday, the 27th inst. about 100 general practitioners of medicine, residing in Southwark, and its vicinity, dined together at the *Bridge House Hotel*, Southwark, GEO. WEBSTER, Esq., of Dulwich, in the chair, as a preliminary step in the fulfilment of the objects described in an advertisement which appeared in a late number of THE LANCET, and now more fully described by the chairman in the remarks with which he introduced the first professional toast. The removal of the cloth was followed by the chaunting of "Non Nobis Domine," and the adoption of the following toasts, with much applause:—"The King;" "the Queen;" "the Princess Victoria and the rest of the Royal Family;" "the Navy and Army."

The CHAIRMAN then rose and said,—Gentlemen, the toast which I have now to propose, may be called "*the* toast" of the evening, and I am sure that you will receive it with enthusiasm. But before I name it, I beg your attention for a few moments to the cause of our meeting this evening, and the important objects which we have in view. I am sure that the English general practitioners of medicine, constituting the great body of the profession, must have frequently regretted that few or no opportunities of assembling together in social converse, or at the festive board, occur amongst us, for the cultivation of those kindly feelings, that union, good fellowship, and reciprocity of sentiment, which are so essential to the welfare of our noble profession. (*Hear, hear.*) It is scarcely requisite to enquire why these opportunities are so few. By some we have been facetiously termed the "subordinates" of our profession (*Laughter*), and, therefore, as we do not roll in our carriages, and collect guineas in the broad light of the sun, we cannot spend our evenings in this way very often. (*Applause.*) But I do not believe that that is the reason. I would rather say that we are practising our laborious profession from morn almost till night, and from night till morn again, and being weighed down with anxiety, are glad to enjoy the evening at our own firesides. But perhaps it may partly spring from petty

feelings of jealousy, which are apt to creep in, and from a want of confidence in each other's honour. Be this as it may, we have few or no opportunities of meeting. There is, so far as I know, no society in London, —and I am much surprised at it—formed to cultivate kind professional feeling and protect our dignity and rights, (*applause*) excepting a society which for some time has existed, on a small scale, in this neighbourhood, whose influence has been attended with the happiest results wherever felt. The spirit of this society will be shown by reading the following paragraph from its regulations:—"It is not the object of this society to institute a monopoly. It is intended to promote fair and honourable conduct among the practitioners at large towards each other; to encourage among them the exercise of harmony and good-will; to diffuse useful medical information; to insist upon the rights vested in its members by the law of the land; to suppress illegal practitioners, and thereby protect the real interests of the public; to require the due observance of medical etiquette between hospital and consulting surgeons; in few words, to render the profession within the sphere prescribed, honourable, useful, and respectable." Now, though several who are present may have thought over this important subject, and considered the necessity of such an association, yet I think that we must give the honour to this society of forming a nucleus from which an extensive association may spring, having roots in this metropolis and spreading its branches into every district of the kingdom. These may be called the *remote* causes of our assembling this evening. I will now mention what I consider, in medical language, to be the *proximate* causes. I will not conceal from view the recent and still continued attempts to inflict upon the profession a host of evils in the shape of self-supporting dispensaries. (*Loud cheers.*) Private or parochial medical clubs, whether farthing, halfpenny, or even penny clubs (*Laughter*), joined to the woeful effects of Poor-Law medical contracts, have at length aroused the general practitioners from the apathy in which they have too long indulged. We know that it is difficult to excite our profession; we are too busily employed every day to attend to evils that come singly, and at a distance, but when they fall as thick as hail, I trust the profession will arise, like a giant refreshed, and, manfully uniting, contend with the threatening dangers. In my remarks, I disclaim any personal allusion to the Poor-Law Commissioners, their Assistants, or Boards of Guardians. They may all be estimable men in private life, who believe that they are only discharging a public duty. But I shall not shrink from declaring what I feel to be the truth, that nothing has occurred for a century past which has tended so much to degrade and lower general practitioners (*hear, hear, and immense applause*), not only in the eyes of the public, but in our own eyes also, as the introduction of these clubs. And for what are they established? For the saving of a few paltry pounds to each parish! Hitherto we have been advancing in scientific attainments, and increasing in public estimation; and now, in the 19th century, we are to retrograde,—to be insulted, vilified, degraded! And why? Because we will not tamely submit to be slaves. (*Loud applause.*) We are to be put up to Dutch auction,—not to the highest, but to the lowest bidder. (*Reiterated cheers.*) We are to be pitted—the man of little experience against him of the most extensive observation, and to be forced to perform the anxious and laborious duties of our profession for an utterly contemptible pittance. This is neither the time nor the place to adduce arguments against the clubs; we do not meet for that purpose, or they might be easily cited. The newspaper, and all the branches of the medical press have supported us. (*Applause.*) But though this is a monster with many heads, it is only one of a number existing in our profession. Need I mention another grievance, that of quackery? This is an evil which truly preys upon the vitals of the public, and weighs down our profession, spreading over the land, and assuming innumerable shapes. Indeed, I think it is the great enemy of mankind himself, and that its name may be called "Legion." Can we turn our eyes in any direction without observing symptoms of quackery? What can we say regarding the colleges,—of their efforts to suppress it? Have they assisted us in this matter? (*Hear, hear, and loud applause.*) Have they protected us? They have not. Has the government protected us in any way? No; on the contrary, it derives a large revenue from the sale of secret remedies. But we have not only our Eadys, and St. John Longs, and Morisons, but our licenced or professional quackery. I can hardly trust myself to speak when I see men, who ought to uphold the interests and dignity of our profession, prostituting it for a base and selfish purpose. (*Loud cheers.*) And, before leaving quackery, allow me to say one word respecting homœopathy. (*Laughter.*) I have given it some little attention, and the only conclusion at which I can arrive is this, that it is a specious branch of quackery. It comes from the land of mysticism, Germany; it is carried on in a mysterious manner; its remedies are kept secret; and I should say, that it has been got up here in opposition to Morison's pills. (*Laughter and long-continued applause.*) Homœopathy gives a hundredth millionth part of a grain for a dose, whereas the pills of Morison are given by hundreds at a time. Another, and one of the greatest grievances from which our body suffers, is the exist-

ence of what may be called "prescribing" or "dispensing" chemists,—men who, without a particle of medical or scientific knowledge, are becoming the general practitioners in all minor ailments and the beginnings of disease. I have heard it said, even by men in high places, "Let the chemists and the quacks get as many patients as they can;" but I differ entirely from this doctrine of free trade. Is it not the duty of a government to provide genuine coin for circulation, to prevent the circulation of base metal, and to inflict punishment upon those who clip or debase the true coin? I know of no other country where our system of unlicensed practice exists; and I am satisfied that if we act with unanimity, it cannot continue in this country. Let the duties of chemists be properly regulated, and not allowed to interfere with those of the medical practitioner. (*Hear.*) Another evil is the mode of paying general practitioners, a mode which, unfortunately, leads to unjust suspicions of his integrity, and is often very galling to an honourable-minded man. (*Hear, hear.*) Another grievance—for I have a long list of them—which existed until lately, and, indeed, even now is scarcely settled, was the subject of attendance on coroners' inquests; and, moreover, I believe that no provision yet exists for the payment of witnesses at trials. (*Hear, hear.*) They manage these matters better, I think, in other countries,—in Scotland, certainly. When I resided there, I received two guineas a day for my attendance as a witness on trials. The sessions were held at a considerable distance from my residence, and I was often obliged to go on the preceding evening; perhaps I was there a whole day. I came home the next morning, and received six guineas for my time and labour. They know there how to value the time and skill of a medical man. There are other subjects, upon which I cannot now touch; but let us notice how we mean to remedy them. Had the constituted authorities, the colleges, the corporations, and the halls done their duty (*cheers*), we should not have been obliged to meet this night, to take the matter into our own hands, and form an association. But instead of protecting the profession, I fear they have frequently oppressed it; in the place of advancing science, I fear they have rather acted as drags on the wheels of improvement. I speak of these bodies in their corporate capacity, and not as individuals, many of whom I highly esteem. We wish not to act on any narrow or illiberal views. We have no hostility to any branch of the profession, whether physicians, or surgeons, though some busy-bodies have circulated reports to that effect. On the contrary, we desire our Society to be formed on a broad and liberal basis; and though, by the proposed laws, none but general practitioners can be members, seeing it is a general practitioners' society, yet we wish the support and good-will of all branches of the profession. There ought to be a reciprocal desire in all classes of medical men to assist each other; and I am proud to see both physicians and surgeons present to aid us to night. I will read to you a sketch, if I may so call it, for the formation of a general association. It was left to me to draw this up, but it is not like the law of the Medes and Persians, unalterable, nor am I quite certain that I have here expressed the feelings of the committee. It is proposed, that the general practitioners of medicine in England and Wales, shall form themselves into an association for the purposes of exciting and cherishing kindly and honourable feelings towards each other; and of guarding, watching over, and protecting the rights, privileges, interests, and respectability of the profession. 2ndly. That the Society shall be called "The British Medical Association." 3rdly. That those gentlemen who are willing to become members of the association, shall, at an early meeting, appoint proper officers, such as president, vice-presidents, secretaries, councillors, members of committees, &c.; and shall form a code of laws for the government of the association, to be submitted to the consideration of a subsequent general meeting. 4thly. That the association shall hold frequent meetings for the transaction of business. 5thly. That it shall oppose all encroachments from without, and all dishonourable or unprofessional conduct among its members. 6thly. That it shall by all legal means, or by application to Parliament, if considered necessary, endeavour to remove every professional grievance, evil, and hardship. 7thly. That it shall protect its members from all illegal or unjust prosecutions. 8thly. That it shall endeavour to form a benevolent fund for the assistance of decayed members of the profession; and for the benefit of the widows and orphans of deceased medical men. 9thly. That for these important purposes subscriptions shall be paid by the members in such manner as shall hereafter be agreed upon, and donations received from their friends and the profession at large. 10thly. That the association shall endeavour to extend its expected advantages over the kingdom, by corresponding with, and inviting the co-operation of, their medical brethren in cities, towns, and local districts, and by recommending them to form themselves into local societies, having the same, or similar, important ends and objects in view. 11thly. That the association shall by all means in its power, endeavour to promote the welfare, prosperity, and union of its own body in particular, and uphold the dignity, respectability, and usefulness of the medical profession at large. 12thly. That the members and their friends shall

dine together annually in the metropolis. (The propositions were respectively received with loud cheers.) You will observe that we have said nothing about literary or scientific matters; we must not attempt too much; I think we have an abundance of associations for promoting those objects. At all events, it may be as well, at present, to do nothing on these heads. If we are active, unanimous, and determined, what may we not effect? We are powerful, numerous, and, I take leave to say, an intelligent body. (*Cheers.*) Our minds are not less cultivated, nor is our education more confined, than those of persons in other professions. But it does not become me to praise the class of which I am myself a very humble member. I would rather describe the general practitioner in the felicitous language of one whose talents and attainments we have all cause to admire, as I find it in the "Introductory Address" of Dr. A. T. Thomson, delivered at the opening of the London University, at the commencement of the session. (The learned chairman here quoted a passage, which will be found at pages 77, 78, of the present Volume of THE LANCET.) I will not longer detain you, Gentlemen, from the toast which I have to give, namely, "Prosperity and unanimity to the general practitioners of medicine throughout the empire." (*Enthusiastic Cheering, which continued for several minutes.*)

The CHAIRMAN then said, I have had a paper sent me with the names of many gentlemen who are anxious to become members of the Association. I ought to say that I have had numerous letters from medical men who, from business, professional avocations, and other matters, could not join us to-day, but who are delighted at the prospect of having such a society formed as that the outlines of which I have read to you, and who will be most anxious to support us in this cause. (*Cheers.*) We shall be happy to receive the names of other gentlemen who are disposed to add them to the list. I am sure the company will receive the next toast with very great satisfaction—"The independent medical press." (*Long-continued cheers.*) I feel totally inadequate to do any thing like justice to this toast. We are under such obligations to the medical press, that I have no words in which to express what I feel. When we contrast the state of the medical press at this moment with what it was some twenty years ago, it may not inaptly be compared to one of the long coaches which used at that time to pass my door. The medical press of London, so far as I can remember, was then represented by one journal, *The Medical and Physical*, more familiarly known by the name of "The Yellow Journal." The vehicle was a yellow one (*Laughter*); it was lumbering and cumbrous, and the hacks were in keeping with the carriage. The coachman was a low Jarvie—(*renewed laughter*)—who would only drive as he himself thought proper. The distance he drove was only about seven miles, and he went only once a day, and you may be sure that he travelled at his own pace, whether it was a good or a bad one. That poor Jarvie is now no more, and the "Yellow Journal" is also defunct. We have a new race of coachmen, the vehicles are improved, the horses are spirited, and the coachmen are active, and up to their business. So it is with the medical press. (*Applause.*) We have now the quarterly, the monthly, the weekly, and, I had almost said, the daily medical press; and when the rail-roads and steam-engines are in full play, we shall have the daily press also. (*Laughter and cheers.*) But it is not the velocity, or the frequency of the medical press, that is its greatest recommendation. No; it is i s independence, its firmness, its judgment, its integrity, and the talent which its indefatigable labourers bring to bear upon it.—(*Loud applause.*) Formerly there was not only a monopoly, but the press was morally gagged. If a report of a lecture appeared, if a case was reported from a hospital, or if a stricture was made on the blunders or bungling of a hospital functionary, the whole profession was in arms at the daring attempt, and the poor dependant functionary of the press was tried and condemned, and vengeance was executed upon him, without benefit of clergy. (*Laughter and cheers.*) But the perseverance of an independent medical press has changed all this, and *now* the lectures of the most able and talented teachers are laid before us as soon as they are delivered, cases are reported to us from the hospitals as soon as they occur, and we have all the discoveries in the science and art of our profession immediately brought to view, and submitted to the tests of truth and experience. (*Great applause.*) And in the press, also, we have able and steady champions of our rights and interests. They have done much for us already; they will stand by us in all our difficulties, (*hear, hear*), aid us in removing abuses, assist us in averting those dangers and evils which threaten us, and support us in attaining the objects which we have in view. (*Cheers.*) The press has done more for us than we have done for ourselves, (*hear, hear,*) but I sincerely hope that we shall henceforth act in concert. I am aware that the press itself may not always exhibit that perfect harmony and unanimity which might, perhaps, be desirable; but that is not to be expected, and indeed I am not quite sure that it is desirable. One part of the press takes up a subject which another neglects; one will enter upon a department of science, or medical policy, of which another perhaps does not think; one will more warmly espouse the interests of some particular

class of the profession, and another will take up our interests more fervently. Thus you see that each branch, and all classes, of medicine and its professors, are attended to and protected. Concluding with the figure with which I began, I may say that we are not at all obliged to ride in the same vehicle, because there is room for us all. The press may have done some evil, for that is the fate of every human thing. (*Hear, hear.*) There is no good upon earth without some alloy. But the press has kept up a watchful surveillance over every department of our profession, and I am quite sure has greatly tended to heighten its moral tone, and increase its general respectability. (*Cheers.*) In giving you "The Independent Press," I take leave to couple with it the name of Dr. James Johnson, as he is present.

The toast having been drank with great applause,

Dr. JAMES JOHNSON rose and spoke as follows:—Mr. Chairman; gentlemen; I greatly regret that a more able representative of the "independent medical press" than myself is not present to acknowledge the handsome eulogies which you have passed on that portion of the press, and for the kind manner in which my name has been associated with the toast. In consequence of being barely convalescent from a severe indisposition, I am unable to give a just expression to my feelings on this occasion, but, in the name and on behalf of my brethren of the periodical press, I sincerely thank you, and I trust that we shall ever cordially co-operate with the profession at large in the sacred cause for which you are now assembled. Gentlemen, I cannot sit down without expressing the greatest gratification at seeing before me such a large assembly of medical practitioners. I see, or rather I foresee, that it will be the harbinger of a still larger and more important association, not confined to this or that parish, to this or that province, to the metropolis or to the country, but extending and embracing every member of the medical profession in England. (*Cheers.*) There never was a period in which such an association was more imperiously demanded than it is now, in this country. The profession, as we all know, is in a strange, a most anomalous, I had almost said a monstrous state. It is monstrous, because it bears a considerable resemblance to a monster of antiquity composed of *one* body and *three* heads. (*Laughter.*) A head, Gentlemen, is generally placed upon a body to guide, direct and protect that body; but our three heads, unfortunately, pull three different ways, and leave the body to draw any way it likes, or be pulled to pieces by its enemies. (*Laughter and Cheers.*) The monster of antiquity, Cerberus, who resided in a certain place which I will not mention, had one good quality; he watched carefully, and took good care that no unqualified people should pass into the domains of PLUTO. (*Laughter.*) Our Cerberus either sleeps on his post, or takes his sops, perfectly careless what impostors or pretenders get into the dominions of the profession. (*Cheers.*) Our three heads, as a matter of course, have three mouths, and each of these mouths is very prone to gobble up whatever comes in its way, regardless of its neighbouring mouths or of the body below. (*Renewed cheers and laughter.*) Each mouth has a private œsophagus which leads to a private ventriculus, into which all the aliment that can be collected from the body is popped, and the body never sees it again. Is it to be wondered at, Gentlemen, that where there is no central organ of digestion, assimilation, and nutrition, the body should languish, and get out of condition. Gentlemen, the French maxim is peculiarly applicable to yourselves: "Aide toi et Dieu t'aidera." Help yourselves, and God will help you. Let the body put its shoulder manfully to the wheel, in the work of reform and union, and it is not impossible that, in due time, the three heads may be joined into one, to co-operate with the body. I conclude, Gentlemen, with wishing success to a National Association of Medical Practioners, inclusive of all ranks and denominations, constituted for the diffusion of knowledge, the promotion of harmony, and the protection of their rights and respectability. (*Loud applause.*)

The CHAIRMAN, in proposing "The health of the medical officers of the navy and army," characterised them as a meritorious class, with whom he never met without deriving both profit and delight. These gentlemen continued to suffer under many grievances, but he trusted that they would speedily get rid of them, in common with the rest of the profession. (*Cheers.*)

Mr. LANDERS, on behalf of the naval officers, expressed his entire concurrence in the formation of this Association. I am ready, he remarked, to aid my friends around me in the promotion of so excellent an object in every way. There are amongst us some who have particular notions, but with them I am not disposed to quarrel. There is a certain class, too, that we might call medical mules, (*a laugh*), persons, too, who arrogate to themselves a distinction to which they have no right or pretension, and who are occasionally to be seen within the gates of some London hospital. I do not think it necessary to describe their merits or their demerits more particularly, but I trust we shall be ready to support each other in every claim of our own to what is fair, legitimate, and honourable in the profession, to obtain which, may success attend this institution. (*Cheers.*)

A MEDICAL OFFICER OF THE ARMY (whose

name we could not learn), acknowledged the compliment on behalf of his brother officers. He was sure that no branch of the profession would more readily come forward to support its dignity or protect its rights.

Mr. LANDERS then rose to propose "The health of their excellent and worthy Chairman." The manner in which he had performed his duties that evening was a pledge of what might be expected from him in future. If they imitated his (the Chairman's) spirit, they must ultimately achieve their object. (The toast was drank amidst deafening applause.)

The CHAIRMAN said, that he could not express his feelings in appropriate language. He feared that he had but very inefficiently discharged his duties; but if his efforts had been of use, he was delighted and satisfied. He sincerely trusted that the great objects which they had in view would be carried into complete effect, (*cheers*), and that they would fear neither the sneers, the scoffs, nor the ridicule of those whose hearts were not large enough to go with them in support of the objects which had been brought under notice. He was conscious that the Association were in the road of honour, integrity, and success. It would be entirely their own faults if they failed in the different purposes they had in view. (*Loud applause.*) He would now propose "The health of the visitors." It was not the wish of the general practitioners to be selfish, and confine their ideas of benefit to themselves; on the contrary, they desired to form the proposed institution upon a very large foundation, and they should be delighted to have the support of all classes of the community. It augured well for the Society that they had had such an excellent meeting. (*Cheers.*)

Mr. F. SALMON, in returning thanks, said that he knew of no feelings which should enter the bosom of the general practitioner which ought not to be entertained by every man in the profession. He hoped that this Association would long continue to flourish, and that it would not confine itself to annual meetings, but exercise its calling daily. He trusted that they would teach the ignorant to use caution; that they would instruct the mercenary to recollect, that the profession consisted of a mass of individuals, and that no one man could maintain his respectability before society, except by living as a part of the great body. There ought to be no distinction in the profession, but that of intellect. The moment that principle was recognised, they would become a great as well as a useful body. (*Cheers.*)

The CHAIRMAN proposed as the next toast, "The British Medical Schools." He trusted that they would never forget their *alma mater*, or *alma matres*. (*Applause.*)

Mr. PILCHER, in returning thanks, observed that it was on general practitioners that the medical schools were dependant for support. It gave him great pleasure to see such an Association as this, even in its infancy; and if it were conducted on the principles which had been laid down that evening, it must acquire that giant strength which would soon dissipate all petty uncomfortable feelings. He thanked the company for the reception they had given the toast, and hoped that though the Society would soon arrive at puberty, its old age was far distant. (*Cheers.*)

Mr. LEEDHAM briefly proposed "The health of the Stewards."

Mr. EDWARD EVANS acknowledged the compliment. The stewards, he said, had no sinister motive in getting up this meeting. They only sought the welfare of the medical profession at large. He was glad to find visitors present who were celebrated as anatomists and physiologists, and the general practitioners warmly desired to extend the hand of brothers to them. He trusted that they would assist each other, and make this a friendly Association. Dr. Clutterbuck had told him (Mr. E.) that he should have been happy to be present, and that so far as his pocket or his influence would enable him, he would promote the design of the Association. (*Cheers.*)

The CHAIRMAN then proposed "The Health of the Secretary, Mr. Eales." It was impossible to collect a meeting like the present without much trouble. Their Secretary must have had laborious duties to perform, and no one could have exceeded him in the talent and industry he had displayed. (*Loud applause.*)

Mr. EALES, in returning thanks, said that he would not impute motives to the parties who had opposed the formation of this Association; but having attended every meeting which had been held upon the subject, he could bear testimony to the fact that they had no invidious object in view; but that they desired the benefit of the general practitioner, and the injury of no one. (*Cheers.*)

The CHAIRMAN said—The next toast I have to propose is "Our Friends in Parliament." I will not be so invidious as to name amongst them one man in preference to another. We have many friends in parliament, and several of them have been very active there. But I would recommend every gentleman present to secure as many friends in parliament as possible, and to endeavour to remove all misapprehensions which exist among them relative to the profession. Several with whom I have spoken do not understand our rights. Each of us in his sphere, therefore, should talk them over to good sense, and the duty of exercising justice towards us. (*Cheers.*) Explanation is all that is required. There has been laid before parliament the draught of a charter for a London University, and I confess that I was somewhat displeased when it came out. But, on reconsideration, I find

that it is merely a charter to grant certain degrees or privileges connected with surgery, medicine, midwifery, and pharmacy; and so far it is very well. It is necessary, however, that we should watch any ulterior proceedings respecting it in parliament; and when this Association is formed, I do hope that a committee will be appointed amongst us for that purpose. I allude more particularly to the establishment of a central board of examination. (*Loud cheers.*)

Mr. CLARKE rose and said,—It had been considered right, by one or two of the stewads, that he should return thanks for the honour conferred, in the recent toast, on members of the medical profession in Parliament. The chairman had not deemed it right to allude to particular persons in giving the toast, but all must remember the unwearied industry, the talent, and the indefatigable zeal, with which Mr. Warburton had endeavoured to serve the profession. (*Cheers.*) He might also mention the name of Mr. Wakley (*great cheering, with one or two faint hisses instantly drowned in reiterated plaudits.*) who, he (Mr. C.) had no doubt, was desirous of avoiding the appearance of every thing like party spirit, or he would probably have been present this evening to assist in the festivity. (*Cheers.*) He (Mr. C.) mentioned this because he had heard one or two gentlemen receive the name of Mr. Wakley unfavourably. (*Cries of "No, no."*) It must be remembered that in the struggle which lately took place in this borough, within a stone's throw of the house in which they were now assembled, Mr. Wakley was the only person connected with the press, who noticed those proceedings which bade fair to crush the members of this institution. Having been instrumental in forwarding to Mr. Wakley the proceedings of that meeting, he (Mr. C.) found him as warmly desirous of supporting the general practitioners against the intrusion of the self-supporting dispensary system into the metropolis, as he was determinedly opposed to every other injury and insult which had been directed against them. It must also be recollected, that Mr. Wakley carried the Bill for the remuneration of Medical Witnesses at Coroner's Inquests through the House of Commons, by his sole exertions. Mr. Warburton and Mr. Wakley had always shown a preference for general practitioners of medicine; and Mr. Wakley was himself educated, and had practised, as a member of that body. Under these circumstances he thought that their names might have been mentioned in connection with the toast. (*Cheers.*)

The CHAIRMAN observed that he thought Mr. Clarke had afforded evidence that those who prepared the toasts acted with perfect propriety in the course they had pursued, and he deemed it to be hardly correct to propose an amendment to a toast given from the chair. (Mr. CLARK.—"No, no; that was not my intention.") He (the chairman) could not but respect the motives of Mr. Clarke. He merely wished that no misunderstanding should go forth on the subject. He (Mr. C.) and the whole of the company might be assured that the Committee had well considered the toasts. But he (the Chairman) had said that Mr. Clarke had furnished evidence of the propriety of the course adopted, for he had first mentioned the name of one gentleman, and then of another; but all names were omitted, that there might not appear to be anything invidious in a selection. For instance, the names of Mr. Hume and Dr. Baldwin might have been mentioned. They all knew the talent, the unwearied industry, and the time which Mr. Warburton had devoted to medical subjects in parliament. (*Cheers.*) They all knew the powerful assistance, the attention, the ability, and the industry evinced by Mr. Wakley, (*reiterated applause*), and he (the Chairman) would never shrink from declaring the truth. He would have been delighted to see Mr. Wakley present this evening, (*applause*), or any other gentleman who had shown such a feeling on behalf of the interests of the profession. It was simply to prevent an invidious feeling that no names were mentioned in connection with the toast. Dr. Johnson's name would not have been coupled with the "medical press" if he had not been present. (*Applause.*)

Mr. EVANS proposed "The health of Mr. Leedham."

Mr. LEEDHAM acknowledged the compliment, and proposed "The health of Mr. Castle."

Mr. CASTLE briefly returned thanks.

The CHAIRMAN, in conclusion, proposed "The Provincial Medical Association." Though that association had got the start of the present assembly, yet he hoped that the Metropolitan Association would soon outvie them in every useful labour. They would be most happy to correspond and act in union with them. (*Cheers.*)

The toast having been drunk, the CHAIRMAN retired, when Mr. LEEDHAM was called to occupy the vacant seat, and the conviviality of the evening was kept up to a late hour. In the course of the evening, several songs and glees were excellently sung by Messrs. Broadhurst, Fitzwilliam, Chapman, and Hudson. One of them, on homœopathy, created particular amusement.

FATAL INFLUENCE OF MENTAL ON BODILY FUNCTIONS.

To the Editor of THE LANCET.

SIR:—If you can find space in your valuable journal for the following curious and interesting case, you will oblige your obedient servant,

C. O'RIELLY, M.D.
Licent. of the King and Queen's Coll. of Phys. Ireland, and Lect. on Forensic Medicine in the Dublin School of Anatomy, &c. &c.
25, Lower Dominick-street, Dublin,
Oct. 8th, 1836.

Miss Mc D., ætat 27, resident in Dublin only a few months, of a nervous temperament, but possessing in general good health, on hearing of the death of a brother with whom she had resided, and from whom she received an annuity sufficient for her support, retired to bed, suffering in mind apparently the greatest distress, and observing, that she could not survive him one week. She refused sustenance of every kind, save cold water, for the space of three days; continuing in this state, her sister remonstrated with her, and questioned her as to her experiencing any bodily pain, which she declared was not present, but observed that consciousness of the *loss* she had sustained was the sole cause of her dejection. She moaned continually. On the evening of the fourth day, by the solicitation of friends, she was prevailed upon to leave her bed and take a little food, which she rejected by vomiting after a short space of time. On returning to bed she took the following draught in a little whey:—tincture of opium, 15 drops; cinnamon water, one ounce; syrup of ginger, one drachm, furnished by an apothecary. She continued to moan, still persisting, however, that she was free from pain. At 11 o'clock on that night, and at 2 o'clock, A.M., her sister, who slept with her, found her to be unusually cold, but perfectly conscious, and still without pain. At 6, A.M., the coldness was accompanied with clamminess of the entire surface of the body, when her sister, with other friends, urged her to take a little warm wine and water. Warm applications to the feet and stomach were also used, in consequence of which she rallied, and pledged herself to cease from moaning. Yet free from pain. Her sister, from fatigue, slept, and at 10 o'clock in the morning, the servant, on approaching the bed with breakfast, according to order, found Miss Mc D. lifeless.

A laudanum bottle was found in the apartment, but it belonged to the sister, and was emptied by her, and not by the deceased, the former being in the habit of using laudanum.

The body was examined by me, in conjunction with a few medical friends, and some of the most intelligent pupils of my class, 48 hours subsequently to death. After the usual examination of the surface, where no morbid alteration was evident, I made an incision through the pericranium; fluid blood exuded from the divided surfaces of vessels. On removing the calvarium the vessels connecting it with the dura mater allowed the fluid to escape; the dura mater and meningeal vessels were in their natural state; in fact, the remaining membranes of the brain, and the brain itself, were healthy; the spinal column, also, was natural; the viscera of the thorax were equally so, but the liver pressed upwards, against diaphragm, so as to diminish the capacity of the thorax on that side.

The heart had on its exterior some adipose substance; the abdominal viscera were nearly in their natural state; the stomach and intestines were distended with flatus; the former contained a dark fluid, having a slight venous smell; the mucous coat was slightly tinged, but by washing it was found to be healthy. This fluid was collected, and submitted to the most careful analysis by Doctor Kane, the present Professor of Chemistry at Apothecaries' Hall, and myself, but not a trace of opium, or any of its constituents, could be detected; the liver was of its ordinary size, the yellow tissue predominating, owing to deficiency of blood, and different from the fatty degeneration so frequently met with in scrofulous persons, nor could I ascertain, although familiar with the family, that any diathesis of the kind existed amongst them, nor was a vestige of it to be met with in her; the porta, and mesenteric vessels, were distended with fluid blood; the omentum was loaded with fat; the uterus was healthy, as, also, were its appendages; the bladder was empty, and contracted; the ilium, near its termination, was of a deeper tinge than usual, owing to its pending position for so many hours, as described by Burns, Andral, Billiard, &c.

Such were the appearances. Taken as a whole, they appear to me, so far as our present anatomical and pathological knowledge enable us to form an opinion, insufficient to account for death. To what, then, can we attribute the loss of life? Surely to the fact of the individual being panic-stricken, and in support of this I shall add the following cases:—Let me premise, that the influence of the mind on diseases both of the acute and chronic form is very considerable. Witness the perfect prostration of intellect from a previous state of soundness, by a similar influence.

In Dr. Marshall's "Hints to Medical Officers," in the latter pages of that work, is the following:—"Capt. D., who was stationed on the east coast of Ceylon, on hearing that the British troops had been ordered to prepare to enter the Kandian territory, went to bed, and never from that

moment uttered a syllable. The functions of the lungs and the heart continued, but there seemed to be no feeling, nor any desire of motion. He survived about 50 hours, and then expired. This arose (as it is stated) from the fact of the Kandian territory having proved a grave to many of his comrades, which caused him to entertain an unfavourable opinion of a Kandian war."

Mr. Dick, late Army Medical Inspector, states, that at the time that the plague raged in Egypt our troops were ordered to be removed, and as it was necessary that a medical officer should remain with the sick, they agreed to draw lots for that officer, when the individual on whom the lot fell immediately dropt dead.

In either THE LANCET, or the *Medical Gazette*, was given the case of a Mr. Balls, who appeared to be rather nervous at hearing of the murder effected by Mr. Stoneyhurst, who murdered his own son and stabbed himself in the breast. Residing next door, he could not sleep; and one evening having, on going to rest, left his door on a jar, a dog made his way into the apartment and upset the basin-stand, when the noise made such an impression on him that he died in a few hours.

In Dr. Thomson's work on Therapeutics, we have examples recorded of the influence of the exciting and depressing passions of the same purport. I might also adduce several other authorities, but in those we find them not supported by the result of after-examination. I record the present case in order to add to the existing testimony of the influence of mind on the body in a state of health.

WESTMINSTER MEDICAL SOCIETY.

To the Editor of THE LANCET.

SIR:—I take the liberty of enclosing to you the copy of a Circular which I have just received from the Secretary of the Westminster Society, by which you will perceive that it is proposed to remove their place of meeting. As you have ever been the advocate of justice, and the terror of jobbers and corruptionists, you may on this occasion promote the interests of the Society by exposing an intrigue which has been set on foot by some low upstarts, who are desirous, under false pretences, of changing the highly respectable and commodious place of meeting, whereas it is perfectly well known that the junto have no other object in wishing for a change, than that of gratifying a contemptible and envious feeling which has been created in consequence of several distinguished individuals, particularly Dr. Grant, having become lecturers in the Hunterian School of Medicine, in the Museum of which the Society have for many years held their meetings. I am, Sir,

YOUR CONSTANT READER.

THE LANCET.

London, Saturday, November 5, 1836.

THE prefatorial festival given by the promoters of an institution which is to be denominated THE BRITISH MEDICAL ASSOCIATION, was held on Thursday last, in the great room of the *Bridge House Hotel*, Southwark. The meeting was pre-eminently successful A full report of the proceedings is recorded in another part of our journal.

The total failure of the migratory Provincial Medical and Surgical Club, rendered the establishment of a British Medical Association, with LONDON for a centre-point, a duty the execution of which had become imperatively imposed on the general medical practitioners of this empire. It could not be expected that the great body of English Surgeons who are engaged in general practice would long consent to be dragged about the country, to the extent of two or three hundred miles at a time, for no other purpose than that of acting as showmen to such puppets as DOCTOR CONNOLLY, the GREEN CROSSE of Norwich, *et hoc genus omne*. At the dinner given on Thursday, the CHAIRMAN, in one of his very few deviations from excellent sense and argument, said, "I am proud to see both physicians "and surgeons present to aid us to-night." Ah! Mr. CHAIRMAN, why *proud* at this sight? And when you talk of the "aid" of DUBS and PURES, we would earnestly admonish you, and all surgeons in general practice, who, in reality, are *full physicians*, to remember, at this important crisis of your and their fate, the fable of THE WOLVES AND THE SHEEP. The fold was in fine pasturage, it is true, on Thursday evening last, but if WOLVES are to be admitted as a watch-guard, even though they be habited in sheep's clothing, *alas for the security of the flock!*

When we first called the attention of the profession to the huge powers which the Poor-Law Commissioners could exercise under the new Poor-Law Act, our statements and arguments received apparently but little attention from the majority of our medical brethren. At length, when the evil began to press severely upon individual members of the medical body, a more lively attention was bestowed on the subject; but, unfortunately, the tyrants had then fastened their claws upon their victims. When, therefore, our senses ought to have been delighted by universal sounds of manly independence, our ears were assailed by the groans and complaints of persons who, in forgetting their duty to their brethren, sacrificed at once the freedom and integrity of their professional characters.

Notwithstanding all that has been said of the natural sagacity and foresight of this most thinking community, it is a fact that the prospect of suffering, in consequence of the operation of bad laws, and other evils, is not sufficient to excite the mind to an active opposition to abuses which seem to have only a remote existence. The grievance must actually be brought home to persons. It must produce much individual suffering ere a protective sympathy can be excited in the feelings of the yet untutored beholders. All that could have been said on the subject of the new poor laws would not have stimulated the profession to *prepare* for a contest with the Poor-Law Commissioners. All that could have been written would not have *prevented* the base and scandalous contracts into which certain medical practitioners have been induced to enter with their despotic persecutors. Volumes of argument would not have deterred some members of the medical body from sinking into the degraded position of,—A FARTHING OFFICER TO A PENNY MEDICAL CLUB. Nay, we have actually seen scores of surgeons engaged in general practice, virtually *coerced* into an acceptance of these vile and dirty offices. At first, the Commissioners had to direct their assaults through the Board of Guardians upon an independent body of medical men. Accordingly, no indication was made of the powers which those high and mighty officers would and could exercise towards such gentlemen as might be entrapped into contracts for attending the sick poor in the Unions; but even at the onset it was decreed—most unjustly and irrationally decreed—that no greater sum should in any instance be given for attendance on the sick under the new system, than had been awarded to the parochial surgeons under engagements sanctioned by the law of ELIZABETH. With the sagacity, therefore, of practised seducers, the worthy functionaries of Somerset House opened their intrigues through the agency of third parties. The parsons, many of the magistrates, and some rank pretenders to charity, were set in motion to arrange and establish the penny medical clubs, and to induce them—by private entreaties and hints to the resident surgeons regarding the introduction of young competitors—to submit to the self-abasement of becoming medical officers to these humbug schemes, or to enter at once into contracts with the Boards of Guardians acting in the several districts.

By these underhand and disgraceful means the Commissioners secured their prey, and the independent surgeon sunk into the position of A SERVANT! Instead of being the master of his own actions he became at once the TOOL, the SERF, the SLAVE, of the Poor-Law Commissioners and the Boards of Guardians. Accessory to his own debasement, he *invited* the infliction of torture. Having become abject, from ignorance, envy, or stupidity, the penny clubbists and medical contractors of the Unions, almost universally fell prostrate at the feet of their persecutors, and have literally *invited* those kicks and buffetings with which they have been so plentifully belaboured. The Commissioners, secure, for a time, at least, of the vantage-ground, hoisted the flag of DEATH, and vociferated "No quarter!" The contractors have whined and quailed. The Commissioners only exult, and rejoice in their

impunity. Mr. FRANCIS KINGSTON, the contractor who has just been dismissed from the St. Alban's Union, has indited a letter, wherein he uses big words against his late masters. Being discharged from the Union, being rejected from their house and service, turned off, though not without a character, Mr. KINGSTON again breathes the air of *liberty*, and now writes in a tone of manly independence. But, unhappily, a mere recollection of the situation in which Mr. KINGSTON was placed by his contract with the Commissioners, and of the fact that he has been discharged from his situation, transforms the arguments of an independent surgeon into the semblance of a pitiful complaint from a discharged servant. We confess that we have no bowels of compassion for the Self-supporting Dispensary humbugs, the Union contractors, or the Penny-Club simpletons. We cannot declare that the whole of the parties belong to the same class, because it happens, as has already been stated, that the Commissioners have not yet dared to lessen the salaries of the parochial medical officers in this metropolis, and stipends, varying from one hundred to four hundred pounds per annum, are still received by surgeons who attend the sick poor in the parishes of our vast city. In the country, a far different experiment has been tried, and, unfortunately, from a cause which reflects any thing but honour upon the profession, with a degree of success which is altogether satisfactory to the Commissioners, but most deplorable and fatal in its effects on the afflicted poor. The terms of the medical contracts which have been ratified, in the generality of instances, between the stipulating parties, have been conceived in a spirit which is so thoroughly degrading to the character of medical practitioners, and so utterly destructive to the security which the necessitous sufferers ought to enjoy relative to medical attendance, that the majority of the profession find it impossible to sympathise with those medical officers who have become the victims of their cruel and reckless taskmasters. In the letter of Mr. KINGSTON to the *Times*, there are indications of a desire to appeal to his professional brethren from the despotic decision of the Poor-Law Commissioners. The response to such an appeal, if it be made in due and solemn form, would scarcely amount to a cold and indifferent expression of regret for the wrongs, real or supposed, which Mr. KINGSTON considers have been cast upon him. Equally unsuccessful will be the Poor-Law Commissioners in the demands which *they* have made upon the sympathy of the public, by dismissing Mr. KINGSTON from his office. In their attempt to make that gentleman a scape-goat for their iniquities, they must experience a signal failure. *One hundred* such dismissals would not induce the public to believe that the contracts under which the Commissioners had all but *compelled* medical practitioners to undertake the care of the sick poor in the Unions—had been framed with a due regard to the rightful claims of the afflicted. Besides, it is at once seen that the dismissal of Mr. KINGSTON is resorted to as a diverticulum to withdraw the attention of the public from other portions of the complaint which was brought forward in the House of Commons, at the instigation of the overseers of Harpenden. The case was this:—

A poor woman, the widow of a labouring man, suffering under small-pox in its severest form, obtained, through the interference of a neighbour, an "order" from the Relieving Officer of the Union, for the attendance of a surgeon. The "order" was delivered at the house of the medical officer on the Wednesday. The medical officer did not see the patient until the following Friday. Having observed the condition of the patient, he requested that a messenger should immediately be sent to his surgery for medicine, his house being situated within a distance of four miles from the residence of the patient. The medicine was not sent for by the patient. On the Saturday morning, the woman expired. The husband of the deceased applied to the Relieving Officer, on the evening of the same day, for a coffin for the body. The application was refused, on the ground that the husband, aged 64, was not a proper object for such assistance. The poor man, in his distress, then applied to the overseers, who kindly, and much to their credit, caused the man to be supplied with the coffin. At the next meeting of the Board of Guardians, the overseers applied for payment of the expenses. The demand was peremptorily refused by the Board, and the overseers were informed that they must pay the cost themselves. The name of the village of Harpenden having been mis-spelt in reporting a brief discussion

which had taken place on the subject in the House of Commons, the overseers of Harpenden addressed a letter to the Editor of the *Times*, in August, referring to the inaccuracy, and restating the whole of the facts of the case. Mr. KINGSTON, on hearing that the Commissioners had written to the Board of Guardians respecting the affair of the coffin, attended, *voluntarily*, at Somerset House, to explain to the functionaries there, all the circumstances of the case which had fallen within his knoweldge. On being introduced to the SURGEON-HATING SECRETARY, Mr. CHADWICK, a familiar *tête-à-tête* commenced, and continued for some time, between the Secretary and the medical officer, in the hearing of a "*short-hand reporter.*" Mr. KINGSTON, according to his own published declaration, *had no knowledge that a single word of the conversation was to be reported*, still less that it was to be *published*, or that his admissions were to be made the ground *for his ignominious dismissal* from office. Justly, therefore, does the medical officer protest against the manner in which he was *inveigled* into giving evidence against himself. He protests, also, against the "report" of the conversation, alleging that its gross inaccuracies are distressingly injurious to his professional character. Believing that Mr. KINGSTON'S allegation is true, and the "report" is false, we have determined not to introduce a line of the slanderous document into our pages. This contemptuous rejection of a "report," which bears the character of having been obtained and published *under the sanction of* A SPY, is a concession which is due to the feelings of the aggrieved party. Some degree of forbearance and caution does, indeed, become necessary, when we discover that the profession is exposed to the insidious and blood-thirsty attacks of individuals whose character and practices bear a close resemblance to those of the OLIVERS and the CASTLES of a period of no remote date in the history of human delinquency and false-heartedness.

On one point, Mr. KINGSTON, since his removal from office, has been peculiarly remiss. We allude to his not having communicated to the profession, or the public, the conditions of the contract into which he had entered with the Board of Guardians. Even now, he ought to feel himself called upon to state,—

The extent of the district;
The number of parishes;
The amount of the population;
The number of persons whom he attended;
The length of time during which he held the office;

The amount of the salary which he received, and was to receive, for his services;

In a word, a verbatim copy of the contract ought to be entered in the medical journals. *Most assuredly shall that document, or a copy of it, be produced before a Committee of the House of Commons.* Then will the public learn upon whose head the greatest weight of censure should fall. *Then* will it be discovered whether Mr. KINGSTON, or the humane Commissioners who have dismissed him from his office, most deserve to suffer from the infliction of public indignation.

IN the report of the formidable operation which was recently executed by Mr. LISTON in the *University Hospital*, for the removal of an enormous tumour of the mouth, and the bone to which it was attached, we have to record one of the most splendid triumphs which operative surgery has ever achieved. Nor was the profoundly scientific and masterly mode of accomplishing the operation the most prominent trait which the ability of the surgeon presented. The sagacity displayed by the pathologist in forming a correct diagnosis belonged, possibly, to a higher class of merit than did even the tact and dexterity which were evinced by the operator in the theatre. Eighteen months since, when the tumour was comparatively small, and the roots of its growth could be accurately traced, the sufferer was discharged, not only as incurable, but as an unrelievable object of affliction, by the surgeons of *Guy's Hospital*. The opinion of Sir ASTLEY COOPER, the "consulting-surgeon" of that institution, was not once solicited on the case of the unfortunate patient, so utterly destitute of hope was the miserable condition of the woman in the estimation of the surgeons of *Guy's Hospital*. Eighteen months since, she left that once-renowned institution, with a mind phrenzied

by agony and despair, whereas she is now about to be restored to her friends, relieved from a mass of diseased growth, which, whilst it rendered her an object of hideous and unsightly deformity, hourly threatened her with death, in two of his most terrific forms—starvation and suffocation.

THE following is an extract from a letter which we have just received from a friend who lately saw Mr. LEWIS, one of the medical attendants of Madame MALIBRAN, at Manchester:—"In a conversation "which I have just held with Mr. LEWIS, "that gentleman has communicated to me "every fact which transpired during his "short attendance on Madame M. DE "BERIOT. Mr. LEWIS was not called in "until after the arrival of BELLUOMINI. I "shall send you an account of her conversa- "tion, and I am certain that Mr. LEWIS is "too high-minded and candid a man to "object to its publication for the information "of the public."

MACLEOD AND CUMMIN.

To the Editor of THE LANCET.

SIR:—In the last number of the *Medical Gazette*, it is impudently stated by the Editor that he had received a ticket of invitation from the stewards to the dinner of general practitioners which had just been held in Southwark. I have the pleasure and satisfaction to declare that the statement is a falsehood. A ticket was sent to Messrs. Longman's for a reporter of the *Gazette*; but the stewards did not disgrace themselves by sending invitations to either Dr. Macleod or Dr. Cummin. It is true that general practitioners owe those libellers of general practitioners a debt; but the culprits both know and *feel*, to their misfortune, that it is not a debt of *gratitude*. I am, Sir, your most obedient servant,

ONE OF THE STEWARDS.

Southwark, Oct. 31st, 1836.

"THE FILTHY SOP."

"O miseri, quæ tanta insania, cives?
Cedilis avectos hostes? aut ulla putabis
Dona carere dolis Danaûm? ———
——— equo ne credite, Teucri,
Quicquid id est, timeo Danaos, et dona ferentes."
VIRG.

THE

NEW REGISTRATION ACT.

To the Editor of THE LANCET.

SIR:—I was much pleased to observe the able and spirited manner in which you noticed, in THE LANCET of the 3rd inst. the commentary in the *Morning Chronicle* on the letter of the Secretary of the Poor-Law Commissioners, in reference to the Registration Act, as affecting the medical profession. As you remark, doubtless, the *commentary* and the *letter were both written in the same office*. It is to be regretted that your endeavours to improve the Bill were unsuccessful. The Poor-Law Commissioners, it seems, have very generously offered to the worst-paid and hardest-worked officers of the Unions,—members of a profession they have sought every opportunity to insult, injure, and degrade,—the *very lucrative and highly dignified* office of subordinate registrar of births, deaths, and marriages, "when those duties are not inconsistent with their engagements, and they may be disposed to perform them!" Discreet, delicate, generous men, with large salaries, "small brains, and no bowels!"

Such conduct of the commissioners, whose general treatment of the profession has deservedly excited, in the minds of all its respectable members, feelings of unqualified disgust, being characteristic, is not to be wondered at; but I am surprised that your correspondent, T. G. should think it "extraordinary" that medical men have, in so many instances, refused the *very respectable* office of subordinate registrar, encumbered, as it is, with duties, and productive, as it is, of emoluments, so well suited to the taste, time, attainments, and expectations, of the parish clerk. I confidently believe that he will hear of many more instances of men who, considering what is due to their profession and to the cool impudence of the Somerset-House triumvirate and their hireling scribe, will have rejected this contemptible offer. If the medical profession is to be benefited, we may be sure it will not be at the hands of the Poor-Law Commissioners, but by the united exertions of its own members; nor is it necessary for the advancement of the statistics of medicine that medical men should accept the proffered *honour*.

It is very evident that this "filthy sop" will be taken up only by those who cherish and are charmed with the "credit" of an appointment by a Board of Guardians,—Mr. Chadwick's Neophytes, the "wider-field"* officers of the Poor Law Commissioners. A correct registration of the number and causes of deaths may be effected, and all the desired advantages derivable therefrom may be obtained, by the medical profession without a

* Vide First Annual Report of Poor-Law Commissioners.

voluntary and spiritless submission, on its part, to more injustice and new indignities. Let the commissioners and the guardians appoint their relieving officers, persons qualified, in their estimation, to judge of the degree of illness of paupers, and of the necessity of medical aid; or any other persons whose engagements are not incompatible with the duty; and let them procure from the friends of the deceased, in writing, under the hand of the medical attendant, a statement of the known or supposed cause of death; any respectable scribe may transfer this to his register. To this it must come, if accuracy be intended, appoint whom they may. A district registrar, even if a medical man, could not, unless omniscient, ascertain, with the requisite precision, the known or supposed cause of death, without a direct or indirect appeal to such medical authority.

T. G.'s wonder, I really think, should cease, or abate, on further consideration, for he needs not to be assured that the medical profession is fully aware of the ceaseless endeavours of the Poor Law Commissioners to degrade the general practitioners into a race of petty pedlars and parish clerks, and they consequently are able to appreciate their present *politeness*. The profession can, and assuredly will, afford their efficient aid in promoting the objects of the Registration Act, so far as they are, and ought to be, concerned; but they are not to be expected to seek degradation, or voluntarily suffer injustice upon even so specious a pretext.

I am, Sir, your constant reader.

JUSTITIA.

Camberwell, Oct. 19.

NORTH LONDON HOSPITAL,

Removal of an enormous Fibrinous Tumour of the Mouth, together with the left Superior Maxilla, and part of the right, from which Bones it grew.

MARY ANN GRIFFITHS, aged 20, was admitted Sept. 27, under the care of Mr. LISTON. Eight years since she perceived a small hard tumour projecting from the gum of the superior maxillary bone, above the second incisor tooth. It was not painful, nor did it inconvenience her. The tumour increased in size, slowly, for two months, when a medical man extracted the incisor tooth below it, which was sound. Soon after this the next tooth loosened and fell out, without being in the least decayed. The tumour increased in size, notwithstanding the extraction of the tooth, and three years and a half since it had attained the size of a hen's egg. It was not accompanied with pain. At this time she was admitted into the *Hereford Infirmary*. In the interval, however, a surgeon had attempted to pass a lancet into the tumour, but did not succeed, on account of its hardness. While in the infirmary the tumour was partially removed, with a portion of the alveolar processes, by means of a saw and forceps. After removal it was found to present a fibrous appearance, and was very slightly ulcerated on the surface next to the lips. She continued in the infirmary for eight months, and was discharged with the wound very nearly healed, but directly afterwards the tumour began to grow again, more rapidly, and with pain. Two years since it was of about half of its present size, with the surface

ulcerated to some extent, from which there was much hæmorrhage for twelve days. At this time she was admitted into *Guy's Hospital*, and remained there fifteen weeks, no attempt being made to remove the diseased part. While in the hospital, and for some months afterwards, it increased fast in size. During the last twelve months it has not grown so much, but it has always bled from the ulcerated surface for a few days during the menstrual period. She began to menstruate at the age of 16, and has ever since been very regular. She cannot account for its growth. She had no carious teeth, had received no blow, and was healthy as a girl. Her parents, however, are delicate.

At present a large tumour occupies a great part of the cavity of the mouth, and projects forwards from beneath the upper lip, which is completely hidden by it. The above sketch accurately represents its external encroachments. The nose is carried upwards and to the right side by it, so that the nostrils are closed. One part of the tumour presents an ulcerated surface, covered by a thick secretion, here and there, while the other parts look red. The ulcerated surface measures, from side to side, in a line parallel to a line drawn from angle to angle of the mouth, 6¼ inches, measured over the tumour. From the angle of the eye, to which the tumour extends, to a line intersecting the above, 4¼ inches. The left side of the face is much distended by the part of the tumour within the mouth, measuring, from the angle of the mouth to a line let fall perpendicularly from the ear, 5 inches. The right side of the face is less distended. Near each angle of the mouth the margin of the upper lip is stretched over the tumour, and on drawing the tumour down its continuity is rendered distinct. Within the mouth it extends on the right side, beyond the teeth, which are only seen when the tumour is drawn down by a spatula. On the left side its extent is much greater, distending considerably the integuments of the face. A groove, corresponding with the line of teeth, is observed, at the back part of which the two last molar teeth are visible. The others cannot be seen when the tumour is drawn down. In the median line it extends from the part projecting from the mouth backwards, beyond the soft palate. None of the front teeth can be seen. The colour of the tumour within the mouth is a dusky red, covered by abundant mucous secretion. The part corresponding with the palate is rather redder than the other parts. A spatula can be passed between the tumour and hard palate, on the right side. This cannot be done on the left. The integument of the face on each side is free from the tumour. Mr. Liston is of opinion, that as the tumour is of long growth, and there is no hæmorrhage except at the menstrual period, and from its general firmness admitting of permanent indentation from the lower teeth, it is not malignant, and he anticipates a favourable result from its removal. Her general health is now being attended to; her appetite is good, and she can eat animal food, twice, and sometimes thrice, in the day; yet, in consequence of the neglected state of the bowels, she complains of headach and sickness. Aperients are given *pro re nata*. To walk out daily.

Oct. 10. Does not complain of any indisposition, and appears better.

14. She expects the menstrual discharge. Mr. Liston therefore delays the operation.

16. Menses have not appeared; some disposition to hæmorrhage from the tumour. Excitement in the system. A dose of the aloes and myrrh pill, with two drops of savine oil, at bed-time.

17. Bowels freely open. Menses still retained. Excitement less.—Afternoon. Hæmorrhage, to half-a-pint, from the right side of the tumour, within the mouth, in a steady stream.

20. General appearance good, and as the menses have not appeared Mr. Liston thinks they now will not flow, and he intends to operate to-morrow.

21. Before the patient was brought into the theatre to-day, Mr. Liston made a few observations to the assembled multitude of practitioners and pupils, some hundreds in number. He stated that the tumour was most formidable in appearance, but that, having made the pathological character of such growths his study, he was perfectly convinced that its attachments were not so extensive as had been imagined, and that it was certainly not malignant. The extent of the swelling was very great; it had extensively displaced parts, and concealed entirely the hard palate and velum, its progress being prevented in that direction only by the bodies of the cervical vertebræ. Those parts, and the greater part of the right maxilla, however, were merely overlaid; he was certain that there was no adhesion to those parts, nor contamination of them. He undertook the operation entirely on his own responsibility, and anticipated confidently a favourable result. The patient was brought into the theatre, and seated in a chair, with her head supported on the breast of an assistant, Mr. Morris, who encouraged the patient to try one other chance for a cure. Mr. Liston commenced the operation by extracting the first sup. molar tooth of the right side. Then, with a stout bistoury, he made an incision from a little external to the outer angle of the left eye, in a line over the zygomatic arch, to nearly its whole extent. The second incision extended from the articulation of the frontal bone, with the ascending process of the malar bone, downwards, in a curved direction, and, guided by two

fingers, passed betwixt the cheek and the tumour (the convexity of the curve being backwards) to the right commissure of the mouth. The first incision fell upon this incision, near its commencement, and at a right angle with it. The next incision extended from the left ala of the nose, in a vertical direction, through the superior lip, detaching the ala from its attachments. A similar incision was then made on the opposite side. The flaps so formed were dissected up, and fixed by an assistant, so that a large surface of the tumour was exposed. The zygomatic arch and the malar bone, near its articulation with the sphenoid and frontal, were, in succession, divided with Mr. LISTON's cutting forceps. (The patient now complained of faintness, and some wine was given to her.) The nasal process of the superior maxillary bone was next divided; then the forceps were introduced so as to divide the alveolar border of the right superior maxillary bone, at the point from which the tooth had been extracted, together with the corresponding portion of the hard palate.

After the bones had been thus divided, Mr. LISTON observed, that now all the difficulties were overcome, and that he had merely to turn the mass out of the cavity in which it was embedded. The patient having been refreshed by a little wine, having cleared her throat from blood, and having collected herself, the tumour was depressed gently, by the fingers resting on the lower margin of the orbit. The adhesions of the masseter, and the reflection of the membrane of the mouth on the upper lip were divided, and the diseased mass was lifted away.

The cavity of the mouth was then examined, and the soft palate found entire. Dossils of lint, moistened with water, were placed in the cavity. The flaps were retained *in situ* by a few points of twisted suture, great care being taken to adjust the margin of the lip neatly. Lint moistened with cold water was then applied over the face, and the patient conveyed to bed. During the operation, three small vessels bled smartly, but were soon checked by the finger of an assistant. No vessel required ligature. The operation occupied about seven minutes and a third. The water-dressing to be changed every quarter of an hour when blood continues to ooze.

Mr. LISTON then remarked, that he had not entirely closed the wound. It might be necessary to remove those sutures which he had applied, should any hæmorrhage occur, and the chance of immediate union would be much greater were the edges united after it had become glazed. Respecting the operation, it would be observed that no difficulty had occurred to delay its completion. The diseased parts, as all must have perceived, had come away perfectly entire, neither broken on the surface nor cut into. On a former occasion, a very severe and protracted operation had been performed. The patient had lost then a great quantity of blood; but, notwithstanding that, the tumour had been cut into and explored at other times; in fact, tampered with in all ways. No soft, bleeding, sponguid, or malignant fungus had ever appeared. This circumstance, and the firm consistence and form of the growth, together with its long duration, had inspired him with a firm belief that it was of a simple nature, and might, with facility, be got rid of. The tumour was, in fact, precisely of the same nature as that which he had removed in this theatre some months since. It differed only in the extent and size, and also in being somewhat differently situated. In conclusion, he expressed his opinion, that if the patient got over the shock of the operation, and that was not great, seeing that the nervous system had not suffered by protracted pain, and that there was no loss of blood to speak of, she would speedily recover, and with scarcely any deformity.

Eight, P. M. Seven hours after the operation, the oozing of the blood had completely ceased. The edges of the wound were neatly brought together in the whole extent, and retained by several twisted and interrupted sutures. After the operation, some wine had been given, in consequence of slight collapse, from which she soon recovered. At present, the temperature of the body is good; tongue moist; pulse 110. To have one grain of muriate of morphia.

22. Slept soundly from 11 o'clock last night to 7 this morning. Less excitement of the system; pulse 100, and fuller; wound appears to be united at every point of the incision. No thirst; bowels not open; complains of no pain; the face is rather swollen, and the left eyelids are closed. To have beef-tea.

Twelve, A. M. Rather more excitement; skin hotter; pulse 110. Ordered to take some antimonial solution.

Eight, P. M. Complains of sickness. To discontinue the antimony; to have a grain of muriate of morphia.

23. Slept well; complains of no pain; swelling of the face rather less. Mr. LISTON removed several of the twisted, and one interrupted suture. Pulse 110; bowels have been opened by a colocynth pill.

24. Slept well during the night. The remaining sutures were removed, after some narrow slips of isinglass plaster had been applied between each suture. Union is perfect throughout the line of incision. Pulse 100; bowels open. Takes beef-tea frequently, with a very good apetite. Can now open the eye.

26. Is going on well; was out of bed last night to take her tea; the swelling is decreasing rapidly, and the face assuming a natural appearance. The lint was removed this morning, and a fresh piece applied. She does not complain of any pain, and sits up.

Nov. 2. She has been gradually improving to this date; she walks about, and has a good appetite, and her face is assuming quite a natural appearance.

THIRD GRAND

AMATEUR MUSICAL FESTIVAL,

FOR THE BENEFIT OF THE

CHARING-CROSS HOSPITAL.

THE nobility and gentry, the physicians, surgeons, and top-apothecaries, and the public in general, are most respectfully informed that the director of the above hospital having found it impossible to keep in harmony so many as 500 performers at once, the number embraced in each of the two former festivals, the committee appointed to conduct the present undertaking will confine the execution of the vocal and instrumental music to the medical and surgical officers of the hospital, the select committee, the patients and sisters, and the band of the Royal College of Musicians in Lincoln's-inn-fields, who, without solicitation, have, in the most handsome manner, obtruded their services in the second act.

PROGRAMME.

1. Opening glee for four voices,—"Lightly tread."—By Drs. SH**RM*N, G*LD*NG, and CH*WN*, and Mr. H*WSH*P.

2. Recitative,—"Who steals my purse steals trash! 'Twas *mine*; 'tis *his!*" Air,—"I'll tell you all about it!"—Mr. H*WSH*P.

3. Old song, suitably harmonised for three voices,—"A master we have, and we are his men." By Dr. SH**RM*N, Dr. CH*WN*, and Mr. H*WSH*P.

4. Duetto,—"We are two roving minstrels, yet merrily we'll sing." By Dr. S*GX*ND and Mr. P**TT*GR*W.

5. Duet,—"When thy bosom heard their sighs." By Dr. G*LD*NG and Mr. H*WSH*P.

6. Glee,—"Take heed, whisper low." By Drs. S——N, G——G, and C——E.

7. Song,—"With ladies fair, en militaire." By Dr. C——E, with accompaniment on the big drum, by Mr. R*B*RTS*N, H. S.

8. Sacred cantata,—"You know I'm a priest, and your conscience I'll shrive." By the Rev. Chairman of S. Committee.

9. Scotch air, with new words:—
"March! March! S*GM*ND and P**TT*GR*W,
Why the de'il march ye not off at my order?"
By Dr. G——G.

10. Glee (immediately to follow):—
"Turn out! Turn out!"
By the Select Committee.

11. Catch:—"Fly not yet!" By the patients and nurses, accompanied on the German flute by Herr Schwemmer.

12. Duet:—
"Though we leave you now in sorrow,
Smiles may light us back to-morrow."
By Dr. S——D and Mr. P——W.

13. Cavatino, with full orchestra;—"Jim Crow," by Dr. G——G; with Chorus:—
"Turn about, and wheel him out,
And jump, Jim Crow!"
By the whole of the patients; with concluding verse from "The Rogues' March."

14. Preghiera,—"Fra nembi crudeli smarito il cor mio." (*Il Briganti.*) Mr. P——W.

Act the Second.

1. Grand sinfonia,—"The mighty Press." (From copyright edition, published at the music-shop in Essex-street, Strand.)

2. Air (*sotto voce*),—"There's nae luck about that house." By the President of the Royal College of Musicians.

3. Old song,—"Oh, dear, what can the matter be?" By Mr. H——P.

3. Ballad,—"How happy were my days 'till now." By Dr. S——N.

5. Melody,—"Oh, the days are gone." By the Director.

6. Hospital canzonette,—"Love's young dream." By Dr. C——E.

7. Recitative (*Cenecentola*),—"All the wards are quite silent, this place a desert seems." By the Secretary.

8. "King Death." By late Patients. (*Neukonum.*)

9. Comic Song,—"It must be true, because its in the papers." Sung in the character of a penny-a-liner. By a Hon. Gov. *pro tem.*

10. Duet,—"All's well." By Mr. P—w and Dr. S——D.

11. O. P. Song,—"How happy could I be with either." By Dr. C——E.

12. Duet,—Violins. By two Amateurs.

13. Grand Finale from Fra Diavalo! Played behind the curtain. By the Royal Coll. of Mus., and unrecognized medical officers.

TERMS OF ADMISSION-TICKETS.

For one Act, ...	£10 10 0
For both Acts (or perpetual),	21 0 0

Doors opened at ONE O'CLOCK! Performance will begin as soon as the Musical Officers arrive. No Free List (orders for *Herald* excepted.) No money returned. Vivant Rex, et Regina, et Victoria.